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ABSTRACT

Designed to assist school authorities in identifying students with disabilities who are eligible for funding in Alberta, Canada, this manual provides information on the identification and review of students with severe disabilities. The first section provides information and case studies of students with severe cognitive or emotional/behavioral disability, severe multiple disability, severe physical or medical disability (including autism), deafness, and blindness. For each disability, a definition is provided, along with answers to questions concerning student characteristics, documentation for eligibility, supports and services that are required (including one-to-one instruction, adaptive equipment, and therapeutic services), components of the student's Individualized Program Plan (IPP), and other supporting documentation. Case studies are then presented that illustrate characteristics of students with these disabilities, sample supports and services, and IPP components. The final section of the handbook includes appendices that provide a glossary, sample student review forms, behavioral assessment reports, Individualized Program Plans and a sample occupational therapy report, a physical therapy assessment report, and a speech-language progress report. A student review form is also presented in French. The manual closes with a list of teacher resources. (CR)

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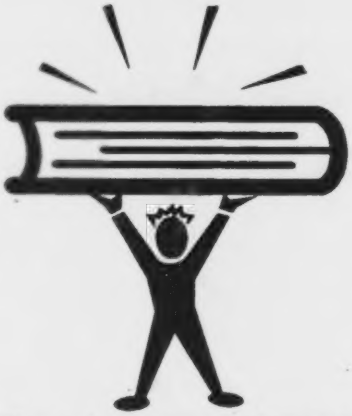
# Handbook for the Identification and Review of Students with Severe Disabilities



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# Table of Contents

**Introduction** ........ 1
Special Needs Profile: Preliminary Screen ........ 2

**Section 1 — Severe Disabilities Categories** ........ 4
Severe Cognitive Disability (Code 41) ........ 4
  Definition ........ 4
  Questions and Answers ........ 4
  Case Study – Brandon ........ 7
  Sample Student Review Form – Brandon ........ 8
  Case Study – Natasha ........ 10
  Sample Student Review Form – Natasha ........ 11
Severe Emotional/Behavioural Disability (Code 42) ........ 13
  Definition ........ 13
  Questions and Answers ........ 14
  Case Study – Harley ........ 17
  Sample Student Review Form – Harley ........ 19
Severe Multiple Disability (Code 43) ........ 21
  Definition ........ 21
  Questions and Answers ........ 21
  Case Study – Sabindar ........ 25
  Sample Student Review Form – Sabindar ........ 27
  Case Study – Zachary ........ 29
  Sample Student Review Form – Zachary ........ 30
Severe Physical or Medical Disability, including Autism (Code 44) ........ 32
  Definition ........ 32
  Questions and Answers ........ 33
  Case Study – Kayla ........ 36
  Sample Student Review Form – Kayla ........ 37
  Case Study – William ........ 39
  Sample Student Review Form – William ........ 40
Deafness (Code 45) ........ 42
  Definition ........ 42
  Questions and Answers ........ 42
  Case Study – Trevor ........ 45
  Sample Student Review Form – Trevor ........ 46

Blindness (Code 46) .......... 48
  Definition .......... 48
  Questions and Answers .......... 48
  Case Study – Shannon .......... 51
  Sample Student Review Form – Shannon .......... 52

**Section 2 — Appendices** .......... 54
Appendix A: Glossary .......... 55
Appendix B: Completed Sample Review Package (Code 42) .......... 56
  Case Study – Scott .......... 56
  Sample Student Review Form – Scott .......... 58
  Sample Behavioural Assessment Report – Scott .......... 60
  Sample Anecdotal Records – Scott .......... 65
  Sample Individualized Program Plan – Scott .......... 72
Appendix C: Completed Sample Review Package (Code 43) .......... 80
  Sample Student Review Form – Jonathan .......... 80
  Sample Letter From Family Doctor – Jonathan .......... 82
  Sample Assessment — Jonathan .......... 83
  Sample Occupational Therapy Report — Jonathan .......... 85
  Sample Physical Therapy Assessment Report — Jonathan .......... 86
  Sample Speech-Language Progress Report — Jonathan .......... 93
  Sample Individualized Program Plan 2002/2003 .......... 95
Appendix D: Student Review Form .......... 101
Appendix E: Profil de l'élève ayant une déficience sévère (formulaire) 103
Appendix F: Resources .......... 105

# Introduction

Severe disabilities funding provides for programs that meet the special education needs of students with severe disabilities. Severe disabilities funding is in addition to the Basic Instruction funding provided for all resident students in a school authority.

Since the 2001/2002 school year, funding for students with severe disabilities has been based on a school jurisdiction profile rather than on an individual student basis as it had been in the past. School jurisdiction profiles are based upon local statistics of the numbers of students who fit funding criteria established by Alberta Learning.

This *Handbook for the Identification and Review of Students with Severe Disabilities* provides case studies to assist school authorities in identifying individuals who are eligible for funding. All definitions are taken from the current *Funding Manual for School Authorities*. Recognition is given to the fact that each school authority sets up the identification and review process according to local resources.

School authorities will continue to be required to report all students with severe disabilities to the Learner Records and Data Exchange and Special Programs Branch. School authorities are requited to develop and implement Individualized Program Plans (IPPs) for each student identified with severe disabilities and ensure that adequate supports and services are in place. Review Forms may be used internally to identify and review students with severe disabilities and will be required when a jurisdiction requests an audit of their profile.

Funding for students with severe disabilities in private schools will continue to be based on eligibility and review of students on an individual basis.

# Special Needs Profile: Preliminary Screen

This Special Needs Profile may be used as a rough screen to determine eligibility for Severe Disabilities funding and may be used as a preliminary step to completing a Severe Disabilities funding application.

School Name: ______________________________

Student Name: ____________________ Birthdate: ____________________

Alberta Learning ID: ________________ Teacher: ____________________

## Medical/Educational/Psychological Assessments

- Sufficient current medical reports on file?
  m Yes m No
- Diagnosis by appropriate specialist on file?
  m Yes m No

If no, indicate what is needed: ____________

______________________________________________

______________________________________________

- Sufficient current educational reports on file?
  m Yes m No
- Sufficient current psychological reports on file?
  m Yes m No

If no, indicate what is needed: ____________

______________________________________________

______________________________________________

- If the condition has not changed significantly, is there an update from a consultant or other professional specializing in the field?
  m Yes m No

If no, indicate what is needed: ____________

______________________________________________

______________________________________________

## Individualized Program Plan (IPP)

- Is there a current IPP on file that includes the following:
  - m Assessed level of education performance
  - m Assessment procedures
  - m Strengths and areas of need
  - m Long term goals that reflect the student's current functioning and disabling condition
  - m Measurable objectives that reflect the student's current functioning and disabling condition
  - m Special Education related service
  - m Review dates, results, recommendations
  - m Relevant medical information
  - m Required classroom accommodations
  - m Transition plan, when appropriate
  - m Signatures of team members including the parents and where applicable, the student.

- Does the IPP include other agencies involved with the student?

  m Yes m No

# Section 1 — Severe Disabilities Categories

## Severe Cognitive Disability (Code 41)

### Definition

All definitions are taken from the current *Funding Manual for School Authorities.*

**Revised**

A student with a severe cognitive disability is one who:

a) has severe delays in all or most areas of development.

b) frequently has other disabilities including physical, sensory, medical and/or behavioural.

c) requires constant assistance and/or supervision in all areas of functioning including daily living skills and may require assistive technology.

d) should have a standardized assessment, which indicates functioning in the severe to profound range (standardized score of 30 ± 5 or less). Functional assessments by a qualified professional will also be considered in cases where the disabilities of the student preclude standard assessments; and

e) has scores equivalent to the severe to profound levels on an adaptive behavioural scale (e.g., AAMR Adaptive Behaviour Scale-School: Second Edition (ABS-S:2) Vineland Adaptive Behaviour Scales, Scales of Independent Behaviour - Revised).

### Questions and Answers

**What are the main characteristics of a student with a severe cognitive disability?**

- The functional level is less than one third of chronological age on the Adaptive Scale.
- Students may also:
  - be medically fragile
  - require assistive technology
  - have autistic-like, aberrant behaviours
  - have limited, if any, receptive, expressive language
- The student's level of dependency requires mostly one-to-one and hand-over-hand assistance to perform tasks for ambulation or daily living and functioning.
- These students usually require extensive supports and services including one-to-one teacher assistant time, assistance with basic care and additional therapeutic services.

**What documentation is required for eligibility?**

- The use of adaptive behaviour scales to obtain functional ability scores in the "severe to profound" range is required. These students are not usually assessable using WISC III, Stanford-Binet or the McCarthy Scales.
- Once an initial diagnosis has been given and the student has a chronic disability that has not changed significantly, documentation from the Regional Education Assessment and Consultation Services (REACH), Coordinated Assessment Services for the Exceptional (CASE), Belvedere Consulting Services, RESEAU or other personnel specializing in the field may be sufficient for programming.

**Which of the following supports and services are required?**

- A minimum of three out of the five levels of supports must be provided and clearly stated.
- The date that supports were put in place should be clearly identified on the documentation.
- Examples under each level:

(1) **Frequent specialized one-to-one instruction/intervention such as:**
  - .5 Full Time Equivalent (FTE) or greater teacher assistant (TA) time, or a TA working with several students with special needs
  - specialized instruction/intervention for more than half the school day
  - programming which requires modification, individualization or follow-up on recommendations arising out of an assessment report.

(2) **Specialized or adaptive equipment, such as:**
  - modifications to school buildings, rooms or facilities; e.g., wheelchair ramps, elevators, washroom accessibility or fixtures, health care facilities or equipment adaptive communication devices
  - specialized computer programming for students with disabilities
  - physical or occupational therapy equipment; e.g., walkers, braces, mats, stands, rolls, exercise equipment.

(3) **Assistance for basic care, such as:**
  - personal care assistance, diapering
  - catheterizing
  - hygiene, changes of clothing
  - administration of medications, management of equipment, diet, feeding assistance.

(4) **Frequent documented monitoring or medical and/or behavioural status, such as:**
  - logging, administration, or supervision of medication
  - follow-up by physician, psychiatrist, psychologist, behaviour specialist
  - behaviour management, anger management, conflict resolution, violence prevention plans or programs.

**(5) Therapeutic services at cost to the system and other service providers such as:**
- itinerant teacher
- occupational therapist
- physical therapist
- counselling by an outside agency
- assessment, consultation, private practitioners, contract service agencies (REACH, Belvedere Consulting Services, CASE, RESEAU), behaviour specialists.

**How is the student's program plan individualized to address the severe cognitive disability?**

- Goals, objectives and strategies should focus on life skills development and address the student's individual needs in areas such as communication, fine motor development and personal care.
- The IPP should include a description of the modifications of the learning environment, ongoing supervision and monitoring, and/or personal assistance that is provided throughout the day in the school setting.
- Follow-up to assessment reports, which recommend individualized strategies and modifications, should be included.
- A transition plan should be included where applicable.

For sample IPPs refer to Alberta Learning's *Programming for Students with Special Needs, Book 3: Individualized Program Plans.*

**What other supporting documentation relevant to the student's disabling condition and programming requirements may be included with the student package?**

- Physiotherapy reports, occupational therapy reports, speech-language therapy reports.
- Any current/relevant medical reports.

**For additional information please refer to the following case studies and completed Student Review Forms, pages 7 – 12.**

# Case Study — Brandon

| | |
|---|---|
| **Background information, Description of severe disabling condition(s)** | • Brandon is a seventeen-year-old student in a Life Skills Program at Uphill High School.<br>• A recent Adaptive Behaviour Scale and the Leiter Scale were completed by S. Adams, Chartered Psychologist, indicating that Brandon's intellectual functioning and adaptive functioning in January 2000, was less than one third of his chronological age.<br>• Brandon is ambulatory, non-verbal and requires ongoing assistance with his personal care. |
| **Current supports/ services in place** | • Brandon is in a special education class with nine students, a 1.0 FTE teacher and 3 teacher assistants.<br>• Brandon requires assistance for personal care, feeding and communication.<br>• In consultation with a speech-language pathologist, a communication PIC symbol board has been developed. Brandon also uses the PIC symbol program on a classroom computer.<br>• Brandon is receiving consultation support from an occupational therapist to assist with fine motor skills and feeding issues.<br>• His family is also accessing support from Services for Persons with Disabilities (formerly Handicapped Children's Services) and the Assistive Devices Clinic at the Glenrose Rehabilitation Hospital. |
| **Individualized Program Plan** | • Brandon's IPP was developed in October by the school team and his parents.<br>• Goals reflect his needs in communication, fine motor skills, personal care and life skills development. |

## Sample Student Review Form – Brandon

## Severe Disabilities Funding 2002-2003

**PLEASE CHECK CODE**

**41** Severe cognitive
q **42** Severe emotional/behavioural
q **43** Severe multiple
q **44** Severe physical or medical, including Autism
q **45** Deafness
q **46** Blindness

**Jurisdiction** ABC Jurisdiction
**School** Uphill High School
**Student Name** Brandon
**Birthdate (yy/mm/dd)** 85/07/15 **Grade** 
**Learning ID** 00000000
**Specialized Placement (describe)** Life Skills Program

**1. Supporting documentation from the appropriate professionals (please attach copies):**

a) Diagnosis(es):
i ) Intellectual and adaptive functioning <1/3 chronological age
ii )

b) Date of Diagnosis(es): i ) January 2000 – Adaptive Behavioural Scale, Leiter Scale ii )

c) Professional(s) conducting assessment(s): S. Adams, Chartered Psychologist

d) How does the condition affect the student in the learning environment?
Ambulatory, non-verbal and requires assistance with basic care.

**2. Additional information (if required):**

**3. Services provided in accordance with the *Funding Manual For School Authorities,* Severe Disabilities, Section 1.A.2 (Jurisdictions) and 3.2 (Private Schools). Identify three or more of the following supports from (a to e) that are being provided to the student:**

a) Frequent specialized one-on-one instruction/intervention. For example:

teacher assistant 3 hours (hours per day; staff/student ratio)
q small group work with teacher assistant ______ (hours per day; staff/student ratio)
specialized setting with teacher 9:4 (hours per day; staff/student ratio)
q interpreter
q Transliterator
q other (specify)

b) Specialized or adaptive equipment. For example:

communication devices
assistive computer technology
q Free Field Amplification
q other (specify) 
q OT/PT equipment
q specialized furniture
q FM system

c) Assistance for basic care. For example:

q toileting program
q Catheterizing
q g-tube feeding
q administration of medication
q orientation and mobility training
Grooming
Dressing
q respiratory therapy
q management of equipment
q diapering
q feeding assistance
q oxygen
q OT/PT therapy
q other ____________________

d) Frequent documentation:

- Behaviour q checklist anecdotal notes q behaviour plan
  q other ____________________
  frequency q hourly daily q weekly q monthly
- Medical q medical logs q medical emergency plan
  other Monitor personal care, feeding and communication
  frequency q hourly q daily q weekly q monthly

e) Therapeutic services for the student at a cost to the system. For example REACH, CASE, Belvedere Consulting Services; RESEAU: Student Health Initiative Funding:

q itinerant teacher
special education consultant
q hearing consultant
occupational therapist
q orientation and mobility specialist
speech therapist
technology consultant
q chartered psychologist
q Physical therapist
q school liaison counsellor/worker
q vision consultant
q nursing services
q audiologist
q behaviour specialist
q counsellor, please specify ____________________
q other ____________________

Other service providers. For example:

q Alberta Health and Wellness
q Alberta Children's Services
q Alberta Mental Health Board
q Alberta Justice
q AADAC
medical professional services
Handicapped Children's Services
q Family and Community Support Services (FCSS)
q local police authority/RCMP
q CNIB
q family/community agencies, specify ____________________
q Materials Resource Centre (MRC)
q other ____________________

**4. Individualized Program Plan (IPP):**

A current IPP is on file relevant to the above coding and the individual needs of the student is developed and implemented signed by the school team including the parent/guardian.

## DECLARATION

**Relevant documentation to support the claim is available, at least three of five supports listed in 3 (a – e) are in place, a current IPP is included in the student's file, and the student meets the Severe Disabilities Funding criteria.**

September 18, 2002
**Date**

T. Jones
**Signature of School Authority Designate**

# Case Study — Natasha

| | |
|---|---|
| **Background information, description of severe disabling condition(s)** | • Natasha is a seven-year-old student whose program is currently being provided in her home.<br>• Natasha was born at 20 weeks gestation. Her pediatrician, Dr. O'Toole, diagnosed her in 2000, with severe global developmental delay and severe impairment in all areas of functioning.<br>• A recent Adaptive Behaviour scale completed by R. Jones, Chartered Psychologist, confirmed that Natasha's adaptive functioning is less than one-third her chronological age.<br>• Natasha is non-ambulatory, non-verbal and requires one to one assistance for all personal care. Natasha is medically fragile, requires oxygen and a stable environment; therefore, she is in a home program. The school hopes to have Natasha join her class periodically for socialization and peer interaction. |
| **Current supports/services in place** | • Natasha's home program consists of the services of a teacher assistant on a daily basis for three hours.<br>• She also receives the services of an occupational therapist and physiotherapist in the home.<br>• Natasha and her family are supported by Handicapped Children's Services and Home Care.<br>• Natasha also receives the services from the Assistive Devices clinic at the community hospital. |
| **Individualized Program Plan** | • Natasha's IPP was developed in October with the home-based team and her parents.<br>• Goals reflect her needs in personal care, sensory stimulation, communication and life skills development. |

## Sample Student Review Form – Natasha

## Severe Disabilities Funding 2002-2003

**PLEASE CHECK CODE**

41 Severe cognitive
q 42 Severe emotional/behavioural
q 43 Severe multiple
q 44 Severe physical or medical, including Autism
q 45 Deafness
q 46 Blindness

**Jurisdiction** ABC Jurisdiction
**School** ABC School
**Student Name** Natasha
**Birthdate (yy/mm/dd)** 95/04/06 **Grade** ________
**Learning ID** 00000000
**Specialized Placement (describe)** Home Program

1. **Supporting documentation from the appropriate professionals (please attach copies):**

a) Diagnosis(es):
i ) Global Developmental Delay with severe impairment in all areas of functioning.
ii ) ________

b) Date of Diagnosis(es): i ) 2000 ii ) ________

c) Professional(s) conducting assessment(s): Dr. O'Toole

d) How does the condition affect the student in the learning environment?
Medically fragile; non-ambulatory; non-verbal; requires oxygen and one-to-one assistance for all personal care.
Natasha is functioning at less than 1/3 of her chronological age.

2. **Additional information (if required):**

3. **Services provided in accordance with the *Funding Manual For School Authorities*, Severe Disabilities, Section 1.A.2 (Jurisdictions) and 3.2 (Private Schools). Identify three or more of the following supports from (a to e) that are being provided to the student:**

a) Frequent specialized one-on-one instruction/intervention. For example:

teacher assistant 3 hours (hours per day; staff/student ratio)
q small group work with teacher assistant ________ (hours per day; staff/student ratio)
q specialized setting with teacher ________ (hours per day; staff/student ratio)
q interpreter
q Transliterator
other (specify) Home program

b) Specialized or adaptive equipment. For example:

communication devices
q assistive computer technology
q Free Field Amplification
other (specify) Sensory light box

q OT/PT equipment
q specialized furniture
q FM system

c) Assistance for basic care. For example:

q toileting program
q Catheterizing
g-tube feeding
q administration of medication
q orientation and mobility training
Grooming
q Dressing
q respiratory therapy
management of equipment
diapering
q feeding assistance
oxygen
OT/PT therapy
q other ______________________

d) Frequent documentation:

- Behaviour q checklist q anecdotal notes q behaviour plan
  q Other ______________________
  frequency q Hourly q daily q weekly q monthly
- Medical medical logs medical emergency plan
  Other Monitoring communication
  frequency q Hourly daily q weekly q monthly

e) Therapeutic services for the student at a cost to the system. For example REACH, CASE, Belvedere Consulting Services; RESEAU: Student Health Initiative Funding:

itinerant teacher
special education consultant
q hearing consultant
occupational therapist
q orientation and mobility specialist
speech therapist
technology consultant
q chartered psychologist
Physical therapist
q school liaison counsellor/worker
q vision consultant
q nursing services
q audiologist
q behaviour specialist
q counsellor, please specify ______________________
q other ______________________

Other service providers. For example:

Alberta Health and Wellness
q Alberta Children's Services
q Alberta Mental Health Board
q Alberta Justice
q AADAC
medical professional services
Handicapped Children's Services
q Family and Community Support Services (FCSS)
q local police authority/RCMP
q CNIB
q family/community agencies, specify ______________________
q Materials Resource Centre (MRC)
q other ______________________

4. **Individualized Program Plan (IPP):**

A current IPP is on file relevant to the above coding and the individual needs of the student is developed and implemented signed by the school team including the parent/guardian.

## DECLARATION

**Relevant documentation to support the claim is available, at least three of five supports listed in 3 (a – e) are in place, a current IPP is included in the student's file, and the student meets the Severe Disabilities Funding criteria.**

September 18, 2002
**Date**

T. Jones
**Signature of School Authority Designate**

# Severe Emotional/Behavioural Disability (Code 42)

## Definition

All definitions are taken from the current *Funding Manual for School Authorities.*

A student with a severe emotional/behavioural disorder is one who:

a) displays chronic, extreme and pervasive behaviours, which require close and constant adult supervision, high levels of structure, and other intensive support services in order to function in an educational setting. The behaviours significantly interfere with both the learning and safety of the student and other students; and

**Revised**

b) has a diagnosis of psychosis including schizophrenia or bi-polar disorder, obsessive/compulsive disorders, or severe chronic clinical depression; and may
display self-stimulation, self-abusive or aphasic behaviour

and/or

c) is dangerously aggressive, destructive, and has violent and impulsive behaviours toward self and/or others such as Conduct Disorder. In the most extreme and pervasive instances, severe Oppositional Defiant Disorder may qualify.

A clinical diagnosis within the last 2 years by a psychiatrist, chartered psychologist or a developmental pediatrician is required, in addition to extensive documentation of the nature, frequency and severity of the disorder by school authorities. The effects of the disability on the student's functioning in an education setting should be described. An ongoing treatment plan/behaviour plan should be available and efforts should be made to ensure that the student has access to appropriate mental health and therapeutic services.

**Revised**

A clinical diagnosis of a behavioural disorder is not necessarily sufficient to qualify under this category. Some diagnoses with behavioural components that are not sufficient to qualify are: Attention-deficit/Hyperactivity disorder (AD/HD), Attention Deficit Disorder (ADD).

**Revised**

Note: Students diagnosed with Fetal Alcohol Spectrum Disorder (FASD) in the most severe cases should be reported under Code 44 rather than Code 42.

## Questions and Answers

**What documentation is required for eligibility?**

- Documentation in the student's file **should include** the following type of information:
  - a behaviour assessment report that includes a specific clinical diagnosis
  - anecdotal notes that describe the nature, frequency and severity of the aberrant behaviour and the impact on the classroom
  - behaviour plan

**What type of information may be included in a behaviour assessment report?**

- The type of information typically found in a behaviour assessment report includes:
  - assessment/diagnostic information which clarifies/documents history which may have precipitated the current behaviours
  - recent medical history noting any medication which modifies the student's behaviour and further assessments/follow-up appointments
  - interviews/surveys; e.g., Behavioural Assessment System for Children (BASC) or Conners, filled out by parents, teacher(s), school staff (and students, if appropriate), that outline the issues/concerns with the student's behaviour, as well as the nature, frequency and severity of the specific behaviour and steps taken so far to mitigate it
  - observations and assessment results from the psychiatrist/chartered psychologist making the clinical diagnosis.

**The student's behaviour has improved significantly with all the programming supports that are in place. Will the student still meet criteria at the time of monitoring?**

- It is anticipated that a student's behaviour will improve with appropriate programming and support.
- Student files are monitored to determine if the aberrant behaviour was severe at the time the student was identified by the school authority for the September 30 count.

**How can I demonstrate that the student's behaviour was severe?**

- In addition to the behaviour assessment report, anecdotal notes/checklists that describe the nature, frequency and severity of the student's behaviour at the time she/he was identified by the school authority should be included.

**Should the teacher/parent communication book or the teacher's daily checklist be included in the review package?**

- Communication books and daily checklists are useful for sharing information with parents and tracking behavioural incidents, however, they do not usually provide sufficient descriptive information.
- It should be noted on the Student Review Form that these records are kept and available upon request, but are not included in the student information package.

**Which of the following supports and services are required?**

- A minimum of three out of the five levels of supports must be provided and clearly stated.
- The date that supports were put in place should be clearly identified on the documentation.
- Examples under each level:
  **(1) Frequent specialized one-to-one instruction/intervention such as:**
    - .5 Full Time Equivalent (FTE) or greater teacher assistant (TA) time, or a TA working with several students with special needs specialized instruction/intervention for more than half the school day.
    - programming which requires modification, individualization or follow-up on recommendations arising out of an assessment report
    - examples of instructional support/intervention support may include:
      - strategies to control anger
      - pro-social skill development
      - debriefing after behavioural incident.

  **(2) Specialized or adaptive equipment, such as:**
    - specialized computer programming for students with disabilities.

  **(3) Assistance for basic care, such as:**
    - personal care assistance
    - administration of medications.

  **(4) Frequent documented medical and/or behavioural status, such as:**
    - logging, administration, or supervision of medication
    - follow-up by physician, psychiatrist, psychologist, behaviour specialist
    - behaviour management, anger management, conflict resolution, violence prevention plans or programs
    - daily recording of behavioural incidents.

  **(5) Therapeutic services at cost to the system and other service providers, such as:**
    - itinerant teacher
    - behaviour specialist

- counselling by an outside agency
- assessment, consultation, private practitioners, contract service agencies (REACH, Belvedere Consulting Services, CASE, RESEAU), behaviour specialists.
- Alberta Justice (i.e., probation officer)
- Alberta Children's Services (i.e., social worker, youth worker, care worker)
- Alberta Health and Wellness (e.g., hospital).

**How is the student's program plan individualized to address the severe emotional/behavioural disability?**

- Goals and objectives should be reflected in strategies developed to address the student's aberrant behaviour, modification of the learning environment and ongoing monitoring and supervision.
- Follow-up to assessment reports that recommend programming strategies should also be included in the IPP.
- A transition plan (e.g., between programs, between grade levels, from high school to post-secondary/world of work) is included where applicable.

For sample IPPs refer to Appendix B, pages 72 – 79 and Alberta Learning's *Programming for Students with Special Needs, Book 3: Individualized Program Plans.*

**For additional information, please refer to the following case study and completed Student Review Form, pages 17 - 20.**

## Case Study — Harley

| | |
|---|---|
| **Background information, description of severe disabling condition(s)** | • Harley is a fifteen-year-old boy in grade 10 at Dry Creek Junior High School.<br>• Harley currently resides in a foster home near the school.<br>• Harley was diagnosed as having Bi-Polar Disorder by Dr. Bunton in July 2000.<br>• Harley's behaviours include emotional instability, over activity and impulsiveness. His manic and depressive episodes have increased over the past several months.<br>• Harley is currently under the care of Dr. Campbell, a psychiatrist, who has prescribed medication to help control Harley's episodes.<br>Some of the features of Harley's behaviours include:<br>• Truancy<br>• Failure to complete school assignments<br>• Anxiety attacks<br>• Depression<br>• Mood swings, manic episodes (e.g., grandiose talk, agitation, withdrawal)<br>• Extreme withdrawal, no peer relations, unresponsive, constant crying,<br>• Self-injurious behaviour. |
| **Current supports/services in place** | • Harley is accommodated in a regular grade 10 program. He has the assistance of an educational assistant for three hours each day.<br>• He receives one-on-one counselling support for one-half hour each day from the school counsellor, who also is trained in management of emotional and behavioural disorders.<br>• A special education consultant works with the teachers and educational assistant on a monthly basis to review and revise programming strategies.<br>• Daily behavioural checklists are completed to track Harley's behaviours.<br>• The school has regular contact with Harley's psychiatrist, who also is part of Harley's support team.<br>• Harley meets with his psychiatrist on a monthly basis.<br>• Harley also has regular meetings with the social worker in charge of his case. |

| | |
|---|---|
| **Individualized Program Plan** | • Harley's IPP was developed by the school team, in consultation with his legal guardian, psychiatrist, special education consultant and social worker.<br>• Harley's overall program focuses on helping him cope with social, emotional and academic needs.<br>• The major behaviour management goals identified are:<br>– teaching self regulation strategies<br>– increasing organizational skills and reducing off-task behaviours<br>– learning coping skills for anxiety episodes. |

## Sample Student Review Form – Harley

## Severe Disabilities Funding 2002-2003

**PLEASE CHECK CODE**

q **41** Severe cognitive
**42** Severe emotional/behavioural
q **43** Severe multiple
q **44** Severe physical or medical, including Autism
q **45** Deafness
q **46** Blindness

**Jurisdiction** ABC Jurisdiction
**School** Dry Creek Junior High School
**Student Name** Harley
**Birthdate (yy/mm/dd)** 87/03/17 **Grade** 10
**Learning ID** 00000000
**Specialized Placement (describe)** Regular grade 10 program

1. **Supporting documentation from the appropriate professionals (please attach copies):**

a) Diagnosis(es):
i ) Bi-Polar Disorder
ii ) __________

b) Date of Diagnosis(es): i ) July 2000 ii ) __________

c) Professional(s) conducting assessment(s): Dr. Bunton

d) How does the condition affect the student in the learning environment?
Mood swings, manic episodes, extreme withdrawal, no peer relations, unresponsive, constant crying, self-injurious behaviour, depression.

2. **Additional information (if required):**

3. **Services provided in accordance with the *Funding Manual For School Authorities*, Severe Disabilities, Section 1.A.2 (Jurisdictions) and 3.2 (Private Schools). Identify three or more of the following supports from (a to e) that are being provided to the student:**

a) Frequent specialized one-on-one instruction/intervention. For example:

teacher assistant 3 (hours per day; staff/student ratio)
q small group work with teacher assistant ________ (hours per day; staff/student ratio)
q specialized setting with teacher ________ (hours per day; staff/student ratio)
q interpreter
q Transliterator
other (specify) Supervision during unstructured times

b) Specialized or adaptive equipment. For example:

q communication devices
q assistive computer technology
q Free Field Amplification
q other (specify) __________
q OT/PT equipment
q specialized furniture
q FM system

c) Assistance for basic care. For example:

q toileting program
q Catheterizing
q g-tube feeding
administration of medication
q orientation and mobility training
q Grooming
q Dressing
q respiratory therapy
q management of equipment
q diapering
q feeding assistance
q oxygen
q OT/PT therapy
q other ______________________________

d) Frequent documentation:

- Behaviour checklist q anecdotal notes q behaviour plan
  q other ______________________________
  frequency q hourly daily q weekly q monthly
- Medical medical logs q medical emergency plan
  q other ______________________________
  frequency q hourly daily q weekly q monthly

e) Therapeutic services for the student at a cost to the system. For example REACH, CASE, Belvedere Consulting Services, RESEAU; Student Health Initiative Funding:

q itinerant teacher
special education consultant
q hearing consultant
q occupational therapist
q orientation and mobility specialist
q speech therapist
q technology consultant
q chartered psychologist
q Physical therapist
school liaison counsellor/worker
q vision consultant
q nursing services
q audiologist
behaviour specialist
counsellor, please specify Half hour per day
q other ______________________________

Other service providers. For example:

q Alberta Health and Wellness
Alberta Children's Services
Alberta Mental Health Board
q Alberta Justice
q AADAC
medical professional services
q Handicapped Children's Services
q Family and Community Support Services (FCSS)
q local police authority/RCMP
q CNIB
q family/community agencies, specify ______________________________
q Materials Resource Centre (MRC)
q other ______________________________

**4. Individualized Program Plan (IPP):**

A current IPP is on file relevant to the above coding and the individual needs of the student is developed and implemented signed by the school team including the parent/guardian.

## DECLARATION

**Relevant documentation to support the claim is available, at least three of five supports listed in 3 (a – e) are in place, a current IPP is included in the student's file, and the student meets the Severe Disabilities Funding criteria.**

September 18, 2002
**Date**

B. Moore
**Signature of School Authority Designate**

# Severe Multiple Disability (Code 43)

## Definition

All definitions are taken from the current *Funding Manual for School Authorities.*

A student with multiple disabilities is one who:

**Revised**

a) has two or more non-associated moderate to severe cognitive and/or physical disabilities which, in combination result in the student functioning at a severe to profound level; and
b) requires significant special programs, resources and/or therapeutic services.

Students with a severe disability and another associated disability should be identified under the category of the primary severe disability.

A student with a severe cognitive disability and another associated disability is not designated under this category, but is designated under severe cognitive disability.

A student with a severe emotional/behavioural disability and another associated disability is not designated under this category, but is designated under severe emotional/ behavioural disability.

The following mild or moderate disabilities cannot be used in combination with other disabilities to qualify under Code 43:

a) Attention Deficit / Hyperactivity Disorder (AD/HD)
b) Learning Disability (LD)
c) Emotional Behavioural Disabilities
d) Speech and Language Related Disabilities

## Questions and Answers

**What are the main characteristics of a student with a severe multiple disability?**

A student with a severe multiple disability may exhibit two or more of the following:

- moderate cognitive disability (standardized score of 30 – 50 ± 5)
- bilateral hearing loss in the moderate to severe range; 56 – 70 decibels over 500 – 4000 Hz
- visual impairment – moderate to severe (20/100 in the better eye), but not legally blind, degeneration prognosis
- moderate to severe autistic-like behaviour

- moderate to severe physical disability or medical condition.
- Low cognitive ability in the mild/moderate cognitive disability ranges combined with severe receptive/expressive language deficits do not qualify.
- If a student has a severe primary disabling condition, the student should be identified in the primary category. Students who have two or more non-associated moderate to severe physical disabling conditions should be identified in the severe multiple disability category.
- Students with two mild/moderate associated or non-associated conditions such as Attention Deficit Disorder (ADD) or AD/HD and a Learning Disability do not qualify under this category.

**What documentation is required for eligibility?**

- Diagnoses by professionals for each of the two or more disabling conditions. This may include reports from chartered psychologists, audiologists, ophthalmologists and medical professionals.
- Documentation, which is less than three years old, should be available on the student's file.
- If a student has two or more non-associated disabilities that have not changed significantly, a current functional assessment from REACH, CASE, Belvedere Consulting Services, RESEAU, school jurisdiction specialists or other contracted consulting agencies may be sufficient.
- A diagnosis of each of the disabling conditions is required but not necessarily sufficient to qualify. Eligibility is dependent on the student's current level of functioning (performance given his/her disability) primarily within the learning environment.
- If a student has a moderate to severe cognitive disability combined with a hearing impairment, hearing loss is calculated by averaging the unaided responses in the better ear at:
  500hz + 1000hz + 2000hz or 1000hz + 2000hz + 4000hz
  For example:
  55 dBs (500hz or 1000 hz) + 50dBs (1000hz or 2000hz) +
  70 (2000hz or 4000hz) = 175 dB
  175 dBs divided by 3 = 58.33 dBs
- Hearing level classification equivalent should be:
  Moderate-Severe Loss 56-70 dBs

**Which of the following supports and services are required?**

- A minimum of three out of the five levels of supports must be provided.
- The date that supports were put in place should be clearly identified on the documentation.
- Examples under each level:
  **(1) Frequent specialized one-to-one instruction/intervention, such as:**

  - .5 FTE or greater Teacher assistant (TA) time, or a TA working with students with severe special needs
  - specialized instruction/intervention for more than half the school day
  - programming which requires modification, individualization or follow-up on recommendations arising out of an assessment report.

(2) **Specialized or adaptive equipment, such as:**
  - modifications to school buildings, rooms or facilities; e.g., wheelchair ramps, elevators, washroom accessibility or fixtures, health care facilities or equipment
  - adaptive communication devices
  - specialized computer programming for students with severe disabilities
  - physical or occupational therapy equipment; e.g. walkers, braces, mats, stands, rolls, exercise equipment, ambulation devices.

(3) **Assistance for basic care, such as:**
  - toileting assistance, diapering
  - catheterizing
  - hygiene, changes of clothing
  - administration of medications, management of equipment, diet, feeding assistance.

(4) **Frequent documented monitoring of medical and/or behavioural status, such as:**
  - logging, administration, or supervision of medication
  - follow-up by physician, psychiatrist, psychologist.

(5) **Therapeutic services at cost to the system and other service providers, such as:**
  - itinerant teacher
  - audiologist/vision specialist/hearing specialist
  - counselling by an outside agency
  - assessment, consultation, private practitioners, contract service agencies (REACH, Belvedere Consulting Services, CASE, RESEAU).

**How is the student's program plan individualized?**

- Goals, objectives and strategies should address modifications of the learning environment, ongoing supervision, monitoring and/or personal assistance throughout the day in the school setting.
- Follow-up to assessment reports that recommend programming strategies such as modifications to curriculum, individualization, should be included in the IPP.
- A transition plan (e.g., between programs, between grade levels, from high school to post-secondary/world of work) should be included where applicable.

For sample IPPs refer to Alberta Learning's *Programming for Students with Special Needs, Book 3: Individualized Program Plans.*

**Which other supporting documentation relevant to the student's disabling condition and programming requirements may be included with the student package?**

- Physiotherapy, occupational therapy, speech-language therapy reports
- Sensory consultant reports
- Any current/relevant medical reports
- Any documentation including anecdotal information reflecting the students needs in the learning environment.

**For additional information please refer to the following case studies and completed Student Review Forms, pages 25 - 31.**

# Case Study — Sabindar

| | |
|---|---|
| **Background information, description of severe disabling condition(s)** | • Sabindar is a thirteen-year-old student who is included in a regular grade 7 program at Happy School.<br>• A recent cognitive assessment in June 2001, by S. Smith, Chartered Psychologist, indicates that Sabindar's intellectual functioning and adaptive functioning is less than one half of her chronological age. Sabindar's full scale IQ is 48.<br>• Sabindar has moderate to severe binaural sensori-neural (63dB unaided in the better ear) hearing loss diagnosed by Roy Dean, audiologist, in May 2000 and wears hearing aides.<br>• Sabindar is ambulatory, has fine motor difficulties and requires cueing for personal care. |
| **Current supports/services in place** | • Sabindar is in a class with 22 students, a teacher and .5 FTE educational assistant.<br>• She works in a small group setting for an additional hour each day.<br>• Sabindar requires cueing and sometimes needs assistance, for grooming and personal care.<br>• In addition to purchasing an individual FM system for Sabindar's teacher to use during options, a free field sound system also has been purchased and installed in the classroom.<br>• Sabindar is receiving services from a private speech-language pathologist once a week. She is also receiving consultation support from an occupational therapist, to assist her with fine motor difficulties and a hearing consultant.<br>• Sabindar meets with an audiologist for her yearly audiogram and check up. |

**Individualized Program Plan**

- Sabindar's IPP was developed in October in consultation with a student support team, including her parents, the chartered psychologist, reading specialist, speech-language pathologist, occupational therapist and hearing consultant.
- The goals of her education program address her needs resulting from the combination of disabling conditions and are reflected in the classroom accommodations.
- A transition plan has been put in place for Sabindar's move to a junior high setting for next year.
- Sabindar's parents have visited the junior high school and observed the program Sabindar will be in.
- Sabindar also had the opportunity to meet her new teachers and will be in a class with two other students with similar needs.

## Sample Student Review Form – Sabindar

## Severe Disabilities Funding 2002-2003

**PLEASE CHECK CODE**

☐ **41** Severe cognitive
☐ **42** Severe emotional/behavioural
**43** Severe multiple
☐ **44** Severe physical or medical, including Autism
☐ **45** Deafness
☐ **46** Blindness

**Jurisdiction** ABC Jurisdiction
**School** Happy School
**Student Name** Sabindar
**Birthdate (yy/mm/dd)** 89/01/06 **Grade** 7
**Learning ID** 00000000
**Specialized Placement (describe)** Inclusion in a regular grade 7 program

1. **Supporting documentation from the appropriate professionals (please attach copies):**

   a) Diagnosis(es):
   i ) F.S. IQ 48
   ii ) moderate to severe binaural (63dB) sensorineural hearing loss.

   b) Date of Diagnosis(es): i ) June 2001; ii ) May 2000

   c) Professional(s) conducting assessment(s): S. Smith, Chartered Psychologist
   R. Dean, Audiologist

   d) How does the condition affect the student in the learning environment?
   Difficulty accessing information through verbal instruction.

2. **Additional information (if required):**

   A transition plan was put in place for Sabindar's move to a junior high for the next school year.

3. **Services provided in accordance with the *Funding Manual For School Authorities*, Severe Disabilities, Section 1.A.2 (Jurisdictions) and 3.2 (Private Schools). Identify three or more of the following supports from (a to e) that are being provided to the student:**

   a) Frequent specialized one-on-one instruction/intervention. For example:

   teacher assistant 3 hours (hours per day; staff/student ratio)
   small group work with teacher assistant 1 hour (hours per day; staff/student ratio)
   ☐ specialized setting with teacher ______ (hours per day; staff/student ratio)
   ☐ interpreter
   ☐ Transliterator
   ☐ other (specify) ______

   b) Specialized or adaptive equipment. For example:

   ☐ communication devices
   ☐ assistive computer technology
   Free Field Amplification
   ☐ OT/PT equipment
   ☐ specialized furniture
   FM system
   ☐ Other (specify) ______

c) Assistance for basic care. For example:

toileting program
q Catheterizing
q g-tube feeding
q administration of medication
q orientation and mobility training
q Other ____________________

grooming
q dressing
q respiratory therapy
management of equipment

q diapering
q feeding assistance
q oxygen
OT/PT therapy

d) Frequent documentation:

- Behaviour q checklist q anecdotal notes q behaviour plan
  q other ____________________
  frequency q hourly q daily q weekly q monthly
- Medical q medical logs q medical emergency plan
  q other ____________________
  frequency q hourly q daily q weekly q monthly

e) Therapeutic services for the student at a cost to the system. For example REACH, CASE, Belvedere Consulting Services; RESEAU; Student Health Initiative Funding:

itinerant teacher
special education consultant
hearing consultant
occupational therapist
q orientation and mobility specialist
q counsellor, please specify ____________________
q other ____________________

q speech therapist
q technology consultant
chartered psychologist
q physical therapist
q school liaison counsellor/worker

q vision consultant
q nursing services
audiologist
q behaviour specialist

Other service providers. For example:

Alberta Health and Wellness
q Alberta Children's Services
q Alberta Mental Health Board
q Alberta Justice
q AADAC
q family/community agencies, specify ____________________
q Materials Resource Centre (MRC)
other Speech-language therapist (private)

q medical professional services
q Handicapped Children's Services
q Family and Community Support Services (FCSS)
q local police authority/RCMP
q CNIB

4. **Individualized Program Plan (IPP):**

A current IPP is on file relevant to the above coding and the individual needs of the student is developed and implemented signed by the school team including the parent/guardian.

## DECLARATION

**Relevant documentation to support the claim is available, at least three of five supports listed in 3 (a – e) are in place, a current IPP is included in the student's file, and the student meets the Severe Disabilities Funding criteria.**

September 18, 2002
**Date**

A. Jonson
**Signature of School Authority Designate**

## Case Study – Zachary

| | |
|---|---|
| **Background information, description of severe disabling condition(s)** | • Zachary is a eight-year-old student currently in grade 3 at Caldwell School.<br>• Dr. Brown diagnosed Zachary in 2000 as having Kabuki Make-Up Syndrome and a moderate cognitive delay.<br>• He presents with generalized low muscle tone, decreased physical strength, delays in gross and fine motor development, poor social skills and mild to moderate bilateral hearing loss.<br>• The occupational therapist and physical therapist both report Zachary's need for assistance with toileting, dressing, feeding and constant supervision, as he has a danger of falling, especially on the stairs. |
| **Current supports/services in place** | • Zachary currently receives support from a half-time teacher assistant and also from a teacher assistant who is assigned to the classroom.<br>• Zachary receives small group instruction for mathematics and pro-social skills. He also receives ongoing individual assistance to maintain attention to task and to complete all tasks in the classroom environment.<br>• Zachary receives assistance with dressing and toileting. He receives stand by assistance for all transitions and walking the stairs.<br>• Zachary receives individual assistance at lunch and recess times.<br>• Zachary requires an augmented communication system and has been referred to the Assistive Devices Clinic. |
| **Individualized Program Plan** | • Zachary's IPP was developed in October in consultation with a student support team, including his parents, the speech-language pathologist, occupational therapist, physical therapist, behaviour specialist and hearing consultant.<br>• The goals of Zachary's education program address his needs and result from the combination of disabling conditions and are reflected, in the classroom accommodations and level of supervision. |

## Sample Student Review Form – Zachary

## Severe Disabilities Funding 2002-2003

**PLEASE CHECK CODE**

q **41** Severe Cognitive
q **42** Severe emotional/behavioural
**43** Severe multiple
q **44** Severe physical or medical, including Autism
q **45** Deafness
q **46** Blindness

**Jurisdiction** ABC Jurisdiction
**School** Caldwell School
**Student Name** Zachary
**Birthdate (yy/mm/dd)** 94/08/30 **Grade** 3
**Learning ID** 0000000
**Specialized Placement (describe)** Included in a regular grade 3 program

1. **Supporting documentation from the appropriate professionals (please attach copies):**

a) Diagnosis(es):
i ) Kabuki Make Up Syndrome
ii ) Moderate cognitive delay; (F.S. IQ 39)

b) Date of Diagnosis(es): i ) October 2000 ii )

c) Professional(s) conducting assessment(s): Dr. Brown

d) How does the condition affect the student in the learning environment?
Zachary has generalized low muscle tone, delays in gross and fine motor development, poor social skills. and a mild to moderate hearing loss. He requires assistance with basic care and is at danger of falling.

2. **Additional information (if required):**

3. **Services provided in accordance with the *Funding Manual For School Authorities,* Severe Disabilities, Section 1.A.2 (Jurisdictions) and 3.2 (Private Schools). Identify three or more of the following supports from (a to e) that are being provided to the student:**

a) Frequent specialized one-on-one instruction/intervention. For example:

teacher assistant 3 hours (hours per day; staff/student ratio)
small group work with teacher assistant ½ (hours per day; staff/student ratio)
q specialized setting with teacher (hours per day; staff/student ratio)
q interpreter
q Transliterator
other (specify) .5 TA assigned to class in p.m.

b) Specialized or adaptive equipment. For example:

communication devices
assistive computer technology
q Free Field Amplification
q other (specify)

q OT/PT equipment
q specialized furniture
q FM system

c) Assistance for basic care. For example:

☐ toileting program
☐ Catheterizing
☐ g-tube feeding
☐ administration of medication
☐ orientation and mobility training
☐ other ______________________________

grooming
dressing
respiratory therapy
management of equipment

☐ diapering
feeding assistance
☐ oxygen
OT/PT therapy

d) Frequent documentation:

- Behaviour ☐ checklist ☐ anecdotal notes ☐ behaviour plan
  ☐ other ______________________________
  Frequency ☐ hourly ☐ daily ☐ weekly ☐ monthly
- Medical ☐ medical logs ☐ medical emergency plan
  ☐ other ______________________________
  frequency ☐ hourly ☐ daily ☐ weekly ☐ monthly

e) Therapeutic services for the student at a cost to the system. For example REACH, CASE, Belvedere Consulting Services; RESEAU; Student Health Initiative Funding:

☐ itinerant teacher
special education consultant
hearing consultant
occupational therapist
☐ orientation and mobility specialist

speech therapist
☐ technology consultant
☐ chartered psychologist
physical therapist
☐ school liaison counsellor/worker

☐ vision consultant
☐ nursing services
☐ audiologist
behaviour specialist

☐ counsellor, please specify ______________________________
☐ other ______________________________

Other service providers. For example:

☐ Alberta Health and Wellness
☐ Alberta Children's Services
☐ Alberta Mental Health Board
☐ Alberta Justice
☐ AADAC
☐ family/community agencies, specify ______________________________
☐ Materials Resource Centre (MRC)
☐ other ______________________________

medical professional services
☐ Handicapped Children's Services
☐ Family and Community Support Services (FCSS)
☐ local police authority/RCMP
☐ CNIB

4. **Individualized Program Plan (IPP):**

A current IPP is on file relevant to the above coding and the individual needs of the student is developed and implemented signed by the school team including the parent/guardian.

## DECLARATION

**Relevant documentation to support the claim is available, at least three of five supports listed in 3 (a–e) are in place, a current IPP is included in the student's file, and the student meets the Severe Disabilities Funding criteria.**

September 25, 2002
**Date**

M. Thompson
**Signature of School Authority Designate**

# Severe Physical or Medical Disability, including Autism (Code 44)

## Definition

All definitions are taken from the current *Funding Manual for School Authorities.*

A student with a severe physical, medical or neurological disability is one who:

Revised

a) has a medical diagnosis of a physical disability, specific neurological disorder or medical condition which creates a significant impact on the student's ability to function in the school environment (note: some physical or medical disabilities have little or no impact upon the student's ability to function in the school environment); and
b) requires extensive adult assistance and modifications to the learning environment in order to benefit from schooling.

A student with severe autism or other severe pervasive developmental disorder is included in this category. A clinical diagnosis by a psychiatrist, clinical psychologist, chartered psychologist, or medical professional specializing in the field of autism is required. A clinical diagnosis of autism is not necessarily sufficient to qualify under this category. Eligibility is determined by the functioning level of the student with autism.

In order for a diagnosis of autism to be made, the student needs to demonstrate impairment in the following areas:

a) Social interaction;
b) Communication; or
c) Stereotyped pattern of behaviour (i.e. hand flapping, body rocking, echolalia, insistence on sameness and resistance to change).

Revised

A student diagnosed with severe Fetal Alcohol Spectrum Disorder (FASD) may have Fetal Alcohol Syndrome (FAS) or Alcohol-Related Neurodevelopmental Disorder (ARND) and is included in this category (Code 44 – Severe Physical or Medical Disability – Including Autism). A clinical diagnosis by a psychiatrist, chartered psychologist with specialized training, or medical professional specializing in developmental disorders is required. A clinical diagnosis of FASD is not necessarily sufficient to qualify under this category. Eligibility is determined by the functioning level of the student with FASD. Students with severe FASD who exhibit significant impairment in the areas of social functioning, life skills, behaviour, learning, attention and concentration, will need extensive intervention and support.

## Questions and Answers

**What documentation is required for Severe Physical or Medical Disability eligibility?**

- A medical diagnosis of a physical, medical or neurological disability dated within the last three years.
- Once the initial approval has been given by Alberta Learning and the student has a chronic disability that has not changed significantly, a current functional assessment from REACH, CASE, Belvedere Consulting Services, RESEAU or other personnel specializing in the field, may be sufficient.

**How is the student's program plan individualized to address the severe medical or physical disability?**

- Goals, objectives and strategies should be specific to the disabling condition and be reflected in the modifications of the learning environment, ongoing supervision, monitoring and/or personal assistance throughout the day in the school setting.
- Follow-up to assessment reports, which recommend individualized strategies and modifications, should be included.
- A transition plan is included where applicable.

For sample IPPs refer to Alberta Learning's *Programming for Students with Special Needs, Book 3: Individualized Program Plans.*

**What other supporting documentation relevant to the student's disabling condition and programming requirements may be included with the student package?**

- Physiotherapy reports, occupational therapy reports, speech-language therapy reports.
- Any current/relevant medical reports.

**What are some examples of severe medical or physical disability?**

Students who are diagnosed with the following are included in, but are not limited to Code 44:

- Tourettes Syndrome
- Celebral Palsy
- Fetal Alcohol Spectrum Disorder
- Autism
- Brain injury
- Cancer patient

**What documentation is required for eligibility for Autism?**

- A clinical diagnosis by a psychiatrist, clinical psychologist, chartered psychologist, or medical professional specializing in the field of Autism is required.
- A functional assessment or anecdotal information that documents the degree of difficulty in social interaction, communication and stereotypic pattern of behaviours.

**How is the student's program plan individualized to address the diagnosis of Autism?**

- Goals, objectives and strategies must address the student's difficulties with social interaction, communication and stereotypic pattern of behaviour.
- Follow-up to assessment reports that recommend programming strategies such as, modifications to curriculum and individualization should be reflected on the IPP.
- A transition plan is included where applicable.

For sample IPPs refer to Alberta Learning's *Programming for Students with Special Needs, Book 3: Individualized Program Plans.*

**What other supporting documentation relevant to the students disabling condition and programming requirements may be included with the student package?**

- Intellectual assessment reports, speech-language therapy reports.
- Any current/relevant medical reports.
- Anecdotal records reflecting ongoing monitoring of identified behaviours.

**Which of the following supports and services are required for Severe Physical or medical, including Autism?**

- A minimum of three out of the five levels of supports must be provided.
- The date that supports were put in place should be clearly identified on the documentation.
- Examples under each level:

  **(1) Frequent specialized one-to-one instruction/intervention such as:**
  - .5 FTE or greater Teacher assistant (TA) time, or a TA working with several students with special needs
  - specialized instruction/intervention for more than half the school day.
  - programming which requires modification, individualization or follow-up on recommendations arising out of an assessment report.

(2) **Specialized or adaptive equipment, such as:**
- adaptive communication devices
- specialized computer programming for students with disabilities
- physical or occupational therapy equipment.

(3) **Assistance for basic care, such as:**
- personal care assistance
- hygiene, changes of clothing
- administration of medications, management of equipment, diet, feeding assistance.

(4) **Frequent documented monitoring or medical and/or behavioural status, such as:**
- logging, administration, or supervision of medication
- follow-up by physician, psychiatrist, psychologist, behaviour specialist
- behaviour management, anger management, conflict resolution, violence prevention plans or programs.

(5) **Therapeutic services at cost to the system and other service providers, such as:**
- itinerant teacher
- occupational therapist, physiotherapist
- counselling by an outside agency
- behaviour consultant
- assessment, consultation, private practitioners, contract service agencies (REACH, Belvedere Consulting Services, CASE, RESEAU), behaviour specialists.

**For additional information please refer to the following case studies and completed Student Review Forms, pages 36 - 41.**

# Case Study — Kayla

| | |
|---|---|
| **Background information, description of severe disabling condition(s)** | • Kayla is an eight-year-old grade 3 student.<br>• Kayla is new to the school this year.<br>• Kayla has a diagnosis of Spina Bifida (myelomeningocele) and shunted hydro-cephalus by Dr. Smith, in February 1998.<br>• Kayla uses a walker and a wheelchair during the school day. Kayla also has leg splints, which she must wear for a certain period of time each day.<br>• Kayla requires daily catheterizing and also is diapered in the event of a bowel accident.<br>• Kayla has a shunt.<br>• Kayla recently had a WISC III and has an intelligence quotient of 127, which is in the gifted and talented range. Her program requires modifications to ensure she is challenged. |
| **Current supports/services in place:** | • Kayla is in a regular grade 1/2 combined class with 20 students.<br>• Kayla requires ongoing assistance for toileting, supervision at recess/lunch time to ensure her safety, assistance getting off and on the bus and in the classroom setting. She has 6 hours per day of educational assistant time.<br>• Kayla receives consultation and ongoing program support from a special education consultant.<br>• One of the washrooms in the school was modified to be wheelchair accessible. A commode also is provided.<br>• Kayla has very slow motor skills (printing) and is being introduced to a lap top computer for classwork. |
| **Individualized Program Plan** | • Kayla's IPP was developed in October with the school team, her parents and in consultation with the occupational and physiotherapist.<br>• Goals reflect Kayla's physical modifications and needs, her safety issues and her need for a more challenging class curriculum. |

## Sample Student Review Form – Kayla

## Severe Disabilities Funding 2002-2003

**PLEASE CHECK CODE**

q **41** Severe cognitive
q **42** Severe emotional/behavioural
q **43** Severe multiple
**44** Severe physical or medical, including Autism
q **45** Deafness
q **46** Blindness

**Jurisdiction** ABC Jurisdiction
**School** Riverdale Elementary
**Student Name** Kayla
**Birthdate (yy/mm/dd)** 94/02/06 **Grade** 3
**Learning ID** 00000000
**Specialized Placement (describe)** Included in a regular grade 3 program

1. **Supporting documentation from the appropriate professionals (please attach copies):**

   a) Diagnosis(es):
   i ) Spina Bifida (myelomeningocele) with shunted hydrocephalus
   ii )

   b) Date of Diagnosis(es): i ) February 1998 ii )

   c) Professional(s) conducting assessment(s): Dr. Smith

   d) How does the condition affect the student in the learning environment?
   Kayla is unable to look after her own toileting needs, is unable to maneuver independently through the school and is at risk of injury or falls (personal safety).

2. **Additional information (if required):**

3. **Services provided in accordance with the *Funding Manual For School Authorities,* Severe Disabilities, Section 1.A.2 (Jurisdictions) and 3.2 (Private Schools). Identify three or more of the following supports from (a to e) that are being provided to the student:**

   a) Frequent specialized one-on-one instruction/intervention. For example:

   teacher assistant 6 (hours per day; staff/student ratio)
   small group work with teacher assistant ____ (hours per day; staff/student ratio)
   q specialized setting with teacher ____ (hours per day; staff/student ratio)
   q interpreter
   q Transliterator
   q other (specify) ____

   b) Specialized or adaptive equipment. For example:

   q communication devices
   q assistive computer technology
   q Free Field Amplification
   q OT/PT equipment
   q Specialized furniture
   q FM system
   Other (specify) Wheelchair accessible, washroom, commode

c) Assistance for basic care. For example:

q toileting program
catheterizing
q g-tube feeding
q Administration of medication
q orientation and mobility training
q Other ____________________
q Grooming
q Dressing
q respiratory therapy
q management of equipment
diapering
q feeding assistance
q oxygen
q OT/PT therapy

d) Frequent documentation:

- Behaviour q checklist q anecdotal notes q behaviour plan
  q other ____________________
  Frequency q hourly q daily q Weekly q monthly
- Medical medical logs q medical emergency plan
  q other ____________________
  frequency q hourly q daily weekly q monthly

e) Therapeutic services for the student at a cost to the system. For example REACH, CASE, Belvedere Consulting Services; RESEAU, Student Health Initiative Funding:

q itinerant teacher
special education consultant
q hearing consultant
occupational therapist
q orientation and mobility specialist
q counsellor, please specify ____________________
q other ____________________
q speech therapist
q technology consultant
q chartered psychologist
physical therapist
q school liaison counsellor/worker
q vision consultant
q nursing services
q audiologist
q behaviour specialist

Other service providers. For example:

q Alberta Health and Wellness
Alberta Children's Services
q Alberta Mental Health Board
q Alberta Justice
q AADAC
q family/community agencies, specify ____________________
q Materials Resource Centre (MRC)
q other ____________________
medical professional services
Handicapped Children's Services
q Family and Community Support Services (FCSS)
q local police authority/RCMP
q CNIB

4. **Individualized Program Plan (IPP):**

A current IPP is on file relevant to the above coding and the individual needs of the student is developed and implemented signed by the school team including the parent/guardian.

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## DECLARATION

**Relevant documentation to support the claim is available, at least three of five supports listed in 3 (a – e) are in place, a current IPP is included in the student's file, and the student meets the Severe Disabilities Funding criteria.**

September 21, 2002
**Date**

A. Jackson
**Signature of School Authority Designate**

# Case Study — William

| | |
|---|---|
| **Background information, description of severe disabling condition(s)** | • William is an eleven-year-old student grade 6 student.<br>• William was diagnosed with Severe Autistic Disorder in November 1999 by Dr. Gold, at the Autism Clinic.<br>• He has extreme difficulties with:<br>- social interaction and peers<br>- expressive/receptive communication<br>- sterotypic behaviour including resistant to change in routine/ transitions.<br>• William uses some Picture Communication Symbols to enhance communication (expressive and receptive).<br>• William also exhibits compulsive and obsessive behaviours.<br>• William requires assistance in the classroom setting and in a more social setting including the playground. |
| **Current supports/services in place** | • William is in a regular grade 6 classroom.<br>• William receives pull-out, into a small group work setting for language arts and math.<br>• William has 4.5 hours of Educational Assistant/Teacher Assistant support daily to assist him with some academics in the classroom setting and to provide support on the playground at recess and during lunch breaks.<br>• William is supervised during eating.<br>• William's school team monitors and records daily his behaviours including:<br>– initiated social interactions<br>– oral communication usage and communication board usage<br>– temper outbursts<br>– obsessive compulsive behaviours.<br>• William has been assessed by an occupational therapist and receives on-going consultative support.<br>• William's teacher's and staff meet bi-monthly with his parents and home support worker to review his program. |
| **Individualized Program Plan** | • William's IPP was developed in September with the school team, his parents, home support staff and occupational therapist.<br>• Goals reflect William's need for routine, communication goals, social/behavioural goals and academic progress goals. |

# Sample Student Review Form – William

## Severe Disabilities Funding 2002-2003

**PLEASE CHECK CODE**

☐ **41** Severe mental
☐ **42** Severe emotional/behavioural
☐ **43** Severe multiple
**44** Severe physical or medical, including Autism
☐ **45** Deafness
☐ **46** Blindness

**Jurisdiction** ABC Jurisdiction
**School** Valley School
**Student Name** William
**Birthdate (yy/mm/dd)** 90/12/16 **Grade** 5
**Learning ID** 000000000
**Specialized Placement (describe)** Included in a regular grade 5 program

1. **Supporting documentation from the appropriate professionals (please attach copies):**

a) Diagnosis(es):
i ) Severe Autistic Disorder

b) Date of Diagnosis(es): i ) November 1999 ii ) ____

c) Professional(s) conducting assessment(s): Dr. Gold, Autism Clinic

d) How does the condition affect the student in the learning environment?
Difficulties with social interaction, expressive/receptive communications; stereotype behaviour; compulsive and obsessive behaviours.

2. **Additional information (if required):**

3. **Services provided in accordance with the *Funding Manual For School Authorities,* Severe Disabilities, Section 1.A.2 (Jurisdictions) and 3.2 (Private Schools). Identify three or more of the following supports from (a to e) that are being provided to the student:**

a) Frequent specialized one-on-one instruction/intervention. For example:

teacher/educational assistant 4.5 (hours per day; staff/student ratio)
small group work with teacher assistant 2 (hours per day; staff/student ratio) 3.1
☐ specialized setting with teacher ____ (hours per day; staff/student ratio)
☐ interpreter
☐ Transliterator
☐ other (specify) ____

b) Specialized or adaptive equipment. For example:

communication devices
☐ assistive computer technology
☐ Free Field Amplification
☐ other (specify) ____

☐ OT/PT equipment
☐ specialized furniture
☐ FM system

c) Assistance for basic care. For example:

☐ toileting program
☐ Catheterizing
☐ g-tube feeding
☐ administration of medication
☐ orientation and mobility training
☐ grooming
☐ dressing
☐ respiratory therapy
☐ management of equipment
☐ diapering
☐ feeding assistance
☐ oxygen
☐ OT/PT therapy

other Supervision at lunch and recess

d) Frequent documentation:

- Behaviour checklist anecdotal notes behaviour plan
  other Ongoing behaviour plan/program
  frequency ☐ hourly ☐ daily ☐ weekly ☐ monthly
- Medical ☐ medical logs ☐ medical emergency plan
  ☐ other
  frequency ☐ hourly ☐ daily ☐ weekly ☐ monthly

e) Therapeutic services for the student at a cost to the system. For example REACH, CASE, Belvedere Consulting Services; Student Health Initiative Funding:

☐ itinerant teacher
special education consultant
☐ hearing consultant
occupational therapist
☐ orientation and mobility specialist
☐ speech therapist
☐ technology consultant
☐ chartered psychologist
☐ physical therapist
school liaison counsellor/worker
☐ vision consultant
☐ nursing services
☐ audiologist
☐ behaviour specialist

☐ counsellor, please specify
☐ other

Other service providers. For example:

Alberta Health and Wellness
☐ Alberta Children's Services
☐ Alberta Mental Health Board
☐ Alberta Justice
☐ AADAC
medical professional services
Handicapped Children's Services
☐ Family and Community Support Services (FCSS)
☐ local police authority/RCMP
☐ CNIB

☐ family/community agencies, specify
☐ Materials Resource Centre (MRC)
other Autism Clinic

4. **Individualized Program Plan (IPP):**

A current IPP is on file relevant to the above coding and the individual needs of the student is developed and implemented signed by the school team including the parent/guardian.

## DECLARATION

**Relevant documentation to support the claim is available, at least three of five supports listed in 3 (a – e) are in place, a current IPP is included in the student's file, and the student meets the Severe Disabilities Funding criteria.**

September 12, 2002
**Date**

M. Walker
**Signature of School Authority Designate**

# Deafness (Code 45)

## Definition

All definitions are taken from the current *Funding Manual for School Authorities.*

A student with a profound hearing loss is one who:

**Revised**

a) has a hearing loss of 71 decibels (dB) or more unaided in the better ear over the normal speech range (500 and 4000 hertz (Hz)) which interferes with the use of oral language as the primary form of communication, or has a cochlear implant preceded by a 71 dB hearing loss unaided in the better ear; and
b) requires extensive modifications and specialized educational supports; and
c) has a diagnosis by a clinical or educational audiologist. New approvals require an audiogram within the past 3 years.

If a student has a severe to profound sensori-neural hearing loss that has not changed significantly, documentation from a qualified specialist in the field of deafness outlining the severity of the hearing loss and modifications to the learning environment may be sufficient to support eligibility.

## Questions and Answers

**What are the main characteristics of a student with a severe to profound hearing loss (deafness)?**

- Hearing loss of 71 decibels or more unaided in the better ear over the normal range of speech on an audiogram.
- Hearing loss interferes with the use of oral language as the primary form of communication.
- Students require extensive modifications and specialized educational supports.

**What documentation is required for eligibility?**

- Current audiogram from an audiologists must be in the student's file.
- If a student has a severe to profound hearing loss that has not changed significantly, an updated audiogram is not necessary. A recent functional assessment from REACH, CASE, Belvedere Consulting Services, RESEAU or other personnel specializing in the field may be sufficient for programming purposes.
- A functional assessment report specifies the amount and type of personal assistance, specialized programming and/or equipment required by the student.
- Average hearing loss is calculated by averaging unaided hearing readings at: 500hz + 1000hz + 2000hz **or** 1000hz + 2000hz + 4000hz

  For example:
  70 dBs (500hz or 1000 hz) + 80 dBs (1000hz or 2000hz) +
  85 dBs (2000hz or 4000hz) = 235 dBs

235 dBs divided by 3 = 78.33 dBs

- Hearing level classification equivalents:

| | |
|---|---|
| – Normal | 10-15 dB |
| – Minimal | 16-25 dB |
| – Mild Loss | 26-40 dB |
| – Moderate Loss | 41-55 dB |
| – Moderate-Severe Loss | 56-70 dB |
| – Severe Loss | 71-90 dB |
| – Profound Loss | 90+ dB |

**Which of the following supports and services are required?**

- A minimum of three out of five levels of supports must be provided.
- The date that supports were put in place should be clearly identified on the documentation.
- Examples under each level:
  (1) **Frequent specialized one-to-one instruction/intervention, such as:**
    - .5 FTE or greater Teacher assistant (TA) time, or a TA working with several students with special needs.
    - .5 FTE or greater interpreter or transliterator
    - specialized instruction/intervention for more than half the school day; e.g. auditory training, cued speech, sign language.
    - programming which requires modification, individualization or follow-up on recommendations arising out of an assessment report.

  (2) **Specialized or adaptive equipment, such as:**
    - FM Systems
    - free field sound systems
    - acoustics modifications to schools building, rooms or facilities
    - adaptive communication devices.

  (3) **Assistance for basic care, such as:**
    - administration of medication, monitoring/management of equipment; e.g. hearing aides/FM system.

  (4) **Frequent documented monitoring of medical and/or behavioural status, such as:**
    - logging, administration, or supervision of medication.

  (5) **Therapeutic services at cost to the system and other service providers, such as:**
    - itinerant teacher
    - audiologist
    - hearing consultant or specialist
    - speech-language pathologist
    - assessment, consultation, by specialists in private practice, contract service agencies (REACH, Belvedere Consulting Services, CASE, RESEAU), Regional Health Authorities
    - medical practitioner.

**How is the student's program plan individualized to address a severe to profound hearing loss?**

- Goals, objectives and strategies should reflect modification of the learning environment, ongoing supervision and monitoring, and/or personal assistance throughout the day in the school setting and address the programming needs of a student with a severe to profound hearing loss.
- Follow-up to assessment reports that recommend programming strategies such as modifications to the curriculum, individualization, should be reflected on the IPP.
- A transition plan is included where applicable.

For sample IPPs refer to Alberta Learning's *Programming for Students with Special Needs, Book 3: Individualized Program Plans.*

**Which other supporting documentation relevant to the student's disabling condition and programming requirements may be included with the student package?**

- Additional reports from hearing specialists, speech-language therapy reports or other professionals working with the student.
- Any current/relevant medical reports.
- Any documentation including anecdotal records reflecting the students needs in the learning environment.

**For additional information, please refer to the case study and completed Student Review Form, pages 45 - 47.**

# Case Study — Trevor

| | |
|---|---|
| **Background information, description of severe disabling condition(s)** | • Trevor is a nine-year-old boy in a regular grade 4 classroom.<br>• Trevor has a severe (74dB) binaural (involving both ears) sensorial-neural hearing loss diagnosed by Rob Ring, Audiologist in September 2000. It has resulted in academic, language and articulation delays.<br>• An update by S. Town, hearing consultant, was provided in September 2001 for programming.<br>• Trevor's hearing loss was identified early and he uses sign language. |
| **Current supports/services in place** | • The teacher wears an FM microphone, which transmits to Trevor's receiver and feeds into his binaural hearing aides.<br>• Trevor receives ongoing support from a speech-language pathologist provided by the Regional Health Authority.<br>• Trevor's learning environment and presentation of materials is modified to suit his needs.<br>• A hearing consultant supports Trevor in his school program and assists the teacher in the development of his IPP.<br>• An interpreter/transliterator is available throughout the day to work with Trevor. |
| **Individualized Program Plan** | • Trevor's IPP was developed in September with the school team, parents, hearing consultant and speech-language therapist.<br>• Goals reflect Trevor's hearing impairment and the need for modified lesson presentation, modified classroom setting and additional program supports. |

## Sample Student Review Form – Trevor

## Severe Disabilities Funding 2002-2003

**PLEASE CHECK CODE**

q **41** Severe cognitive
q **42** Severe emotional/behavioural
q **43** Severe multiple
q **44** Severe physical or medical, including Autism
**45** Deafness
q **46** Blindness

**Jurisdiction** All Jurisdictions
**School** South School
**Student Name** Trevor
**Birthdate (yy/mm/dd)** 93/05/13 **Grade** 4
**Learning ID** 00000000
**Specialized Placement (describe)** Included in a regular grade 4 classroom

1. **Supporting documentation from the appropriate professionals (please attach copies):**

a) Diagnosis(es):
i ) Severe binaural sensorial-neural hearing loss
ii ) ______

b) Date of Diagnosis(es): i ) September 2000 ii ) September 2001

c) Professional(s) conducting assessment(s): Rob Ring, Audiologist; S. Town, Hearing Consultant

d) How does the condition affect the student in the learning environment?
Trevor has academic, language and articulation delays. Trevor is not able to access auditory instruction.

2. **Additional information (if required):**

Trevor uses sign language

3. **Services provided in accordance with the *Funding Manual For School Authorities*, Severe Disabilities, Section 1.A.2 (Jurisdictions) and 3.2 (Private Schools). Identify three or more of the following supports from (a to e) that are being provided to the student:**

a) Frequent specialized one-on-one instruction/intervention. For example:

q teacher assistant ______ (hours per day; staff/student ratio)
q small group work with teacher assistant ______ (hours per day; staff/student ratio)
q specialized setting with teacher ______ (hours per day; staff/student ratio)
interpreter
q Transliterator
q other (specify) ______

b) Specialized or adaptive equipment. For example:

q Communication devices
q assistive computer technology
q Free Field Amplification
q other (specify) ______
q OT/PT equipment
q specialized furniture
FM system

c) Assistance for basic care. For example:

q toileting program
q catheterizing
q g-tube feeding
q administration of medication
q orientation and mobility training
q grooming
q dressing
q respiratory therapy
management of equipment
q diapering
q feeding assistance
q oxygen
q OT/PT therapy
q other ______________________________

d) Frequent documentation:

- Behaviour q checklist q anecdotal notes q behaviour plan
  q other ______________________________
  frequency q hourly q daily q weekly q monthly
- Medical q medical logs q medical emergency plan
  q other ______________________________
  frequency q hourly q daily q weekly q monthly

e) Therapeutic services for the student at a cost to the system. For example REACH, CASE, Belvedere Consulting Services, RESEAU; Student Health Initiative Funding:

q itinerant teacher
special education consultant
hearing consultant
q occupational therapist
q orientation and mobility specialist
q counsellor, please specify ______________________________
q other ______________________________
speech therapist
q technology consultant
q chartered psychologist
q physical therapist
q school liaison counsellor/worker
q vision consultant
q nursing services
audiologist
q behaviour specialist

Other service providers. For example:

q Alberta Health and Wellness
q Alberta Children's Services
q Alberta Mental Health Board
q Alberta Justice
q AADAC
q family/community agencies, specify ______________________________
q Materials Resource Centre (MRC)
q other ______________________________
q medical professional services
q Handicapped Children's Services
q Family and Community Support Services (FCSS)
q local police authority/RCMP
q CNIB

**4. Individualized Program Plan (IPP):**

A current IPP is on file relevant to the above coding and the individual needs of the student is developed and implemented signed by the school team including the parent/guardian.

## DECLARATION

**Relevant documentation to support the claim is available, at least three of five supports listed in 3 (a – e) are in place, a current IPP is included in the student's file, and the student meets the Severe Disabilities Funding criteria.**

September 28, 2002
**Date**

M. Simpson
**Signature of School Authority Designate**

# Blindness (Code 46)

## Definition

All definitions are taken from the current *Funding Manual for School Authorities.*

A student with severe vision impairment is one who:

a) has corrected vision so limited that it is inadequate for most or all instructional situations, and information must be presented through other means; and

b) has a visual acuity ranging from 6/60 (20/200) in the better eye after correction, to having no usable vision or field of vision reduced to an angle of 20 degrees.

If a student has a severe to profound visual impairment that has not changed significantly, documentation from a qualified specialist in the field of vision outlining the severity of the disability and modifications to the learning environment may be sufficient to support eligibility.

For those students who may be difficult to assess (e.g. cortical blindness – developmentally delayed), a functional visual assessment by a qualified specialist in the field of vision or a medical professional may be sufficient to support eligibility.

## Questions and Answers

**What are the main characteristics of a student with a severe visual disability?**

- Students who require and receive specialized instruction; e.g., braille, orientation and mobility.
- Students who require instruction material and assignments scribed, transcribed or taped.

**Are there other considerations?**

- These students could be registered with Alberta Learning's Materials Resource Centre for the Visually Impaired (MRC) and schools would be able to receive materials from the MRC (check with the designated school authority personnel for registration procedures).
- For designation under this category, a student would be eligible for registration with the Canadian National Institute for the Blind (CNIB).

**What documentation is required for eligibility?**

- Reports or results from a medical doctor, ophthalmologist, vision consultants or other medical professionals specializing in the field and documenting the severity of the disability must be in the student's file.
- Once the initial approval has been given by Alberta Learning and the student has a severe to profound visual disability that has not changed significantly, a current functional assessment from REACH, CASE, Belvedere Consulting Services, RESEAU or other contracted consulting agencies with specialists in vision may be sufficient.
- Documentation contained in the student's file should be dated within the previous three years.

**What of the following supports and services are required?**

- Supports and services need to be in place for the student. A minimum of three out of the five levels of supports must be provided and clearly stated.
- The date that supports were put in place should be clearly identified on the documentation.
- Examples under each level:

  (1) **Frequent specialized one-to-one instruction/intervention, such as:**
    - .5 FTE or greater teacher assistant (TA) time, or a TA working with several students with special needs
    - specialized instruction/intervention for more than half the school day
    - programming which requires modification, individualization or follow-up on recommendations arising out of an assessment report.

  (2) **Specialized or adaptive equipment, such as:**
    - brailler
    - enlarged print
    - audiotape
    - specialized computer programming/equipment.

  (3) **Assistance for basic care, such as:**
    - toileting assistance
    - hygiene, changes of clothing
    - administration of medications, management of equipment; e.g., brailler.

  (4) **Frequent documented monitoring of medical and/or behavioural status, such as:**
    - logging, administration, or supervision of medication
    - follow-up by medical doctor, ophthalmologist, vision specialist.

  (5) **Therapeutic services at cost to the system and other service providers, such as:**
    - itinerant teacher
    - vision specialist
    - orientation and mobility specialist

  - assessment, consultation, private practitioners, contract service agencies (REACH, Belvedere Consulting Services, CASE, RESEAU or other agencies with specialists in vision).

**How is the student's program plan individualized to address the educational needs of a student with a severe visual disability?**

- Goals, objectives and strategies should reflect modifications of the learning environment, ongoing supervision and monitoring, personal assistance throughout the day in the school setting and address the programming needs of a student with a severe to profound visual disability.
- Follow-up to assessment reports, which recommend programming strategies such as modifications to the curriculum and individualization, should be reflected on the IPP.
- A transition plan should be included where applicable.

For sample IPPs refer to Alberta Learning's *Programming for Students with Special Needs, Book 3: Individualized Program Plans.*

**Which other supporting documentation relevant to the student's disabling condition and programming requirements may be included with the student package?**

- Additional reports from vision specialists, orientation and mobility specialists or other professionals working with the student.
- Any current/relevant medical reports.
- Any documentation including anecdotal information reflecting the student's needs in the learning environment.

**For additional information, please refer to the following case study and completed Student Review Form, pages 51 - 53.**

# Case Study — Shannon

| | |
|---|---|
| **Background information, description of severe disabling condition(s)** | • Shannon is a nine-year-old girl who moved from Saskatchewan this school year.<br>• She was diagnosed at age 4 in June 1997, with Ocular Albinism by Dr. Lee<br>• Visual acuity was recorded at that time as 6/60 in either eye. This is consistent with the definition of legal blindness.<br>• Shannon is of above average intelligence and is integrated for most of her school day in a regular grade 3 classroom.<br>• An update in March 2001 by Tom Brown, vision specialist, includes programming recommendations. |
| **Current support/services in place** | • Shannon is supported with a fulltime educational assistant who, in addition to supporting her in the classroom, provides one-to-one instruction in the Literary Braille Code and Nemeth Braille Code.<br>• Itinerant consultation/teaching services for the visually impaired are provided on a monthly basis.<br>• Shannon is provided with braille and tactile modifications, preferred seating and the use of magnification equipment.<br>• In addition she is being provided with speech-language and hearing consultation for speech and articulation difficulties. |
| **Individualized Program Plan** | • Shannon's IPP was developed in October, in consultation with her student support team, including her mother, the itinerant consultant and the speech-language pathologist.<br>• The goals of her educational program reflect her needs for the development of tactile discrimination, braille reading and print reading. Shannon's primary medium for reading is braille, due to fatigue factors associated with print reading.<br>• Shannon is also working on language/articulation development. |

# Sample Student Review Form – Shannon

## Severe Disabilities Funding 2002-2003

**PLEASE CHECK CODE**

q **41** Severe cognitive
q **42** Severe emotional/behavioural
q **43** Severe multiple
q **44** Severe physical or medical, including Autism
q **45** Deafness
**46** Blindness

**Jurisdiction** BC Jurisdiction
**School** Battner School
**Student Name** Shannon
**Birthdate (yy/mm/dd)** 93/06/30 **Grade** 4
**Learning ID** 000000000
**Specialized Placement (describe)** Included in a regular grade 4 classroom

1. **Supporting documentation from the appropriate professionals (please attach copies):**

a) Diagnosis(es):
i ) Ocular Albinism; visual acuity 6/60 in both eyes after correction
ii )

b) Date of Diagnosis(es): i ) June 1997 ii ) March 2001

c) Professional(s) conducting assessment(s):
Dr. Lee, June 1997; Tom Brown, Vision Specialist – programming recommendations March 2001

d) How does the condition affect the student in the learning environment?
Shannon requires one-to-one assistance at all times during the school day.

2. **Additional information (if required):**

3. **Services provided in accordance with the *Funding Manual For School Authorities*, Severe Disabilities, Section 1.A.2 (Jurisdictions) and 3.2 (Private Schools). Identify three or more of the following supports from (a to e) that are being provided to the student:**

a) Frequent specialized one-on-one instruction/intervention. For example:

teacher assistant 6 (hours per day; staff/student ratio)
q small group work with teacher assistant ______ (hours per day; staff/student ratio)
q specialized setting with teacher ______ (hours per day; staff/student ratio)
q interpreter
q Transliterator
q other (specify)

b) Specialized or adaptive equipment. For example:

q communication devices
q assistive computer technology
q Free Field Amplification
other (specify) Brailler, magnification equipment and enlarged print

q OT/PT equipment
q specialized furniture
q FM system

c) Assistance for basic care. For example:

- ☐ toileting program
- ☐ Catheterizing
- ☐ g-tube feeding
- ☐ administration of medication
- ☐ orientation and mobility training
- ☐ other __________
- ☐ grooming
- ☐ dressing
- ☐ respiratory therapy
- management of equipment
- ☐ diapering
- ☐ feeding assistance
- ☐ oxygen
- ☐ OT/PT therapy

d) Frequent documentation:

- Behaviour ☐ checklist ☐ anecdotal notes ☐ behaviour plan
  ☐ other __________
  frequency ☐ hourly ☐ daily ☐ weekly ☐ monthly
- Medical medical logs ☐ medical emergency plan
  other Monitor medical status/condition
  frequency ☐ hourly ☐ daily ☐ Weekly ☐ monthly

e) Therapeutic services for the student at a cost to the system. For example REACH, CASE, Belvedere Consulting Services, RESEAU; Student Health Initiative Funding:

- itinerant teacher
- ☐ special education consultant
- hearing consultant
- ☐ occupational therapist
- orientation and mobility specialist
- ☐ counsellor, please specify __________
- ☐ other __________
- speech therapist
- ☐ technology consultant
- ☐ chartered psychologist
- ☐ physical therapist
- ☐ school liaison counsellor/worker
- vision consultant
- ☐ nursing services
- ☐ audiologist
- ☐ behaviour specialist

Other service providers. For example:

- ☐ Alberta Health and Wellness
- ☐ Alberta Children's Services
- ☐ Alberta Mental Health Board
- ☐ Alberta Justice
- ☐ AADAC
- ☐ family/community agencies, specify __________
- ☐ Materials Resource Centre (MRC)
- ☐ other __________
- ☐ medical professional services
- ☐ Handicapped Children's Services
- ☐ Family and Community Support Services (FCSS)
- ☐ local police authority/RCMP
- CNIB

4. **Individualized Program Plan (IPP):**

A current IPP is on file relevant to the above coding and the individual needs of the student is developed and implemented signed by the school team including the parent/guardian.

## DECLARATION

**Relevant documentation to support the claim is available, at least three of five supports listed in 3 (a – e) are in place, a current IPP is included in the student's file, and the student meets the Severe Disabilities Funding criteria.**

September 30, 2002
Date

S. Clark
**Signature of School Authority Designate**

# Section 2 — Appendices

## Table of Contents

Appendix A: Glossary ........ 55
Appendix B: Completed Sample Review Package (Code 42) ........ 56
    Case Study – Scott ........ 56
    Sample Student Review Form – Scott ........ 58
    Sample Behavioural Assessment Report – Scott ........ 60
    Sample Anecdotal Records – Scott ........ 65
    Sample Individualized Program Plan – Scott ........ 72
Appendix C: Completed Sample Review Package (Code 43) ........ 80
    Sample Student Review Form – Jonathan ........ 80
    Sample Letter From Family Doctor – Jonathan ........ 82
    Sample Assessment — Jonathan ........ 83
    Sample Occupational Therapy Report — Jonathan ........ 85
    Sample Physical Therapy Assessment Report — Jonathan ........ 86
    Sample Speech-Language Progress Report — Jonathan ........ 93
    Sample Individualized Program Plan 2002/2003 ........ 95
Appendix D: Student Review Form ........ 101
Appendix E: Profil de l'élève ayant une déficience sévère (formulaire) 103
Appendix F: Resources ........ 105

# Appendix A — Glossary

Refer to *Funding Manual for School Authorities for the 2002/2003 School Year* for additional Glossary of Terms.

| | |
|---|---|
| **Count date** | refers to the specific date on which students should be counted, which is currently September 30 or the last school day of September |
| **Current documentation** | documentation dated within the last two to three years of the count date |
| **Designated school authority personnel** | person(s) identified in the district office as being responsible for coding/funding/reviewing |
| **Edulink** | a data exchange software package that assists Alberta schools, district offices and Alberta Learning to electronically exchange (transmit and receive) student registration, course/mark data and other types of data; e.g., grants, transportation, etc. |
| **Individualized Program Plan (IPP)** | a concise plan of action that is designed to address the student's specific special needs and is based on diagnostic information which provides the basis for intervention strategies |
| **Learner Records and Data Exchange (LRDE), Alberta Learning** | the goal of Learner Records and Data Exchange (LRDE) is to provide a student data and information service that reflects a commitment to excellence, cooperation, mutual benefit and innovation |
| **Remote Credit Enrolment Reporting (RCERs)** | is an update provided to school authorities that includes financial information |
| **Resident student** | a student is a resident student of the board, district or division in which the student's parent/guardian reside |
| **School authority** | includes school jurisdictions, funded private schools and charter schools |
| **Sensory Multi-handicapped Services (SMH)** | four specialized consulting teams provide regional assessment and consultation services to assist school authorities and private ECS operators in the provision of educational support services for students with complex learning needs |

# Appendix B — Completed Sample Review Package

## (Code 42) Case Study — Scott

| | |
|---|---|
| **Background information, description of severe disabling condition(s)** | • Scott is ten years old and is currently enrolled as a grade 5 student at Wolf Park Elementary.<br>• In March 2001, Alison Smith, Chartered Psychologist diagnosed Scott as having severe Attention Deficit/Hyperactivity Disorder, Oppositional Defiant Disorder and Conduct Disorder Severe.<br>• Scott's aberrant behaviours have increased in intensity and severity over the past three years.<br>• Scott is currently under the care of Dr. Jones, Child Psychiatrist, who prescribed medication to help control Scott's behaviour.<br>• Scott also is receiving private counselling related to attachment issues.<br>• Some of the features of Scott's behaviour include:<br>– refusal to cooperate with authority figures<br>– disruptive classroom behaviour including swearing and yelling<br>– destruction of property<br>– threatening students and staff with physical violence<br>– aggressive behaviour including physical violence causing injury. |
| **Current supports/services in place** | • Scott is accommodated in a Behaviour Management class.<br>• The classroom consists of 13 students and two full-time teachers trained in non-violent crisis intervention.<br>• Curriculum pace and content are modified to meet Scott's academic needs.<br>• Pro-social skills and anger management are taught daily.<br>• A token economy involving a checklist of daily behaviour is in place to reinforce appropriate behaviour.<br>• Daily anecdotal records and a daily communication booklet are kept.<br>• A behaviour management consultant works with the teachers on a monthly basis to review and revise programming strategies.<br>• Scott is supervised throughout the school day, including lunch and recess.<br>• Telephone contact with the grandparents is maintained on a weekly basis. |

| | |
|---|---|
| **Individualized Program Plan (IPP)** | • Scott's IPP was developed by his teacher, in consultation with his grandparents and a behaviour management consultant.<br>• Scott's overall program focuses on helping him cope with social, emotional and academic difficulties.<br>• Scott's long-term goals are to stay focused and on task in class and to improve, in math and written language.<br>• The major behaviour management goals identified by Scott's teachers include:<br>– increasing appropriate behaviour<br>– reducing aggressive behaviour<br>– increasing attention.<br>• Individual strategies have been identified to help Scott reach each of these goals. |

# Sample Student Review Form – Scott

## Severe Disabilities Funding 2002-2003

**PLEASE CHECK CODE**

q **41** Severe cognitive
**42** Severe emotional/behavioural
q **43** Severe multiple
q **44** Severe physical or medical, including Autism
q **45** Deafness
q **46** Blindness

**Jurisdiction** ABC Jurisdiction
**School** Wolf Park Elementary
**Student Name** Scott
**Birthdate (yy/mm/dd)** 92/03/23 **Grade** 5
**Learning ID** 00000000
**Specialized Placement (describe)** Behavioural Management Class

1. **Supporting documentation from the appropriate professionals (please attach copies):**

a) Diagnosis(es):
i ) Severe ADHD, Oppositional Defiant Disorder and Conduct Disorder Severe
ii )

b) Date of Diagnosis(es): i ) March 2001 ii )

c) Professional(s) conducting assessment(s): Alison Smith, Chartered Psychologist

d) How does the condition affect the student in the learning environment?
Refusal to cooperate with authority figures, disruptive classroom behaviour; destruction of property; threatening students and staff with physical violence, and aggressive behaviour.

2. **Additional information (if required):**
Under the care of Dr. Jones, Child Psychiatrist.

3. **Services provided in accordance with the *Funding Manual For School Authorities*, Severe Disabilities, Section 1.A.2 (Jurisdictions) and 3.2 (Private Schools). Identify three or more of the following supports from (a to e) that are being provided to the student:**

a) Frequent specialized one-on-one instruction/intervention. For example:

q teacher assistant ____________ (hours per day; staff/student ratio)
q small group work with teacher assistant ____________ (hours per day; staff/student ratio)
specialized setting with teacher 13:2 teachers (hours per day; staff/student ratio)
q interpreter
q Transliterator
q other (specify)

b) Specialized or adaptive equipment. For example:

q communication devices
q assistive computer technology
q Free Field Amplification
q other (specify)
q OT/PT equipment
q specialized furniture
q FM system

c) Assistance for basic care. For example:

q toileting program
q catheterizing
q g-tube feeding
administration of medication
q orientation and mobility training
q grooming
q dressing
q respiratory therapy
q management of equipment
q diapering
q feeding assistance
q oxygen
q OT/PT therapy
other supervision at lunch and recess

d) Frequent documentation:

- Behaviour q checklist anecdotal notes behaviour plan
  q other
  frequency q hourly daily q weekly q monthly
- Medical q medical logs q medical emergency plan
  q other
  frequency q hourly q daily q weekly q monthly

e) Therapeutic services for the student at a cost to the system. For example REACH, CASE, Belvedere Consulting Services, RESEAU; Student Health Initiative Funding:

q itinerant teacher
q special education consultant
q hearing consultant
q occupational therapist
q orientation and mobility specialist
q speech therapist
q technology consultant
chartered psychologist
q physical therapist
q school liaison counsellor/worker
q vision consultant
q nursing services
q audiologist
behaviour specialist
q counsellor, please specify
q other

Other service providers. For example:

q Alberta Health and Wellness
q Alberta Children's Services
q Alberta Mental Health Board
q Alberta Justice
q AADAC
q family/community agencies, specify
q Materials Resource Centre (MRC)
q medical professional services
q Handicapped Children's Services
q Family and Community Support Services (FCSS)
q local police authority/RCMP
q CNIB
other private counseling

4. **Individualized Program Plan (IPP):**

A current IPP is on file relevant to the above coding and the individual needs of the student is developed and implemented signed by the school team including the parent/guardian.

## DECLARATION

**Relevant documentation to support the claim is available, at least three of five supports listed in 3 (a – e) are in place, a current IPP is included in the student's file, and the student meets the Severe Disabilities Funding criteria.**

September 18, 2002
**Date**

D. Smith
**Signature of School Authority Designate**

# SAMPLE BEHAVIOURAL ASSESSMENT REPORT — SCOTT

**This report is confidential and should be used by qualified professional staff only. The information is for current use. With time, students demonstrate change and at some future point, the information given may no longer be valid.**

**NAME:** Scott
**BIRTHDATE:** **AGE:**
**SCHOOL:** **GRADE:** Four
**TEACHER:** **DATE OF ASSESSMENT:** March 21, 2001
**PARENTS** **EXAMINER:**

Scott began attending *school X* in September of this year and was referred for behavioural assessment by *principal*, as there have been many concerns regarding Scott's behaviour.

The following report is based on classroom observations, cumulative record reviews, anecdotal notes, behaviour rating scales, case conferences, meetings with grandparent, principal and teacher.

**BACKGROUND INFORMATION**
Scott attended *school Y* for Kindergarten to grade 2. His non-compliance and behaviour tantrums at home have increased in intensity and severity for the past three years. Scott resides with his grandmother and older brother who also has attended a behaviour management class for the past four years. Scott has been a patient of several physicians including Dr. B, who diagnosed Scott with Attention-Deficit/Hyperactivity Disorder and Oppositional Defiant Disorder. Dr. B prescribed medication to Scott and referred him to Dr. G, Child Psychiatrist. Dr. G described the features of Scott's disorder as a refusal to cooperate with authority figures, disruptive classroom behaviour including swearing and yelling, aggression, fighting with peers and frustration with learning. Scott has also received counselling for attachment issues from a therapist at *L and M Associates*.

Scott is currently registered in a regular grade 4 classroom at *school X*. A teacher assistant was initially assigned for 3 ½ hours per day but that time was increased because of the level of inappropriate and disruptive behaviours Scott exhibited. Within the first few weeks of this school year, concerns about Scott's behaviour arose. There were many incidents of refusal to do work, crying, losing his temper, crumpling paper and tipping over desks and chairs, when demands were made on him. Significant use of profanity as well as physical aggression (hitting, kicking, throwing chairs) toward his teacher, teacher assistant, principal and other students were reported.

Several suspensions have been issued since the beginning of the school year. On October 4, 2000 Scott was suspended as a result of an incident where he kicked a hole in the wall in the school office area and used excessive profanity towards his teacher and teaching assistant. On December 10, Scott was sent home for punching the teaching assistant, calling his teacher names, using profanity toward the principal and throwing a chair in the principal's office. On December 15, a 2 ½ day suspension was issued for non-compliance including, taking a swing at the teacher assistant, using profanity towards the teacher, teaching assistant and principal and kicking the principal. Within the class Scott has made a number of threats to other students. On one occasion Scott stated that he was "going to take a knife and stab someone's eyes out because they are stupid."

The school has tried various strategies to help Scott modify his behaviour. These include the provision of aide time, developing an IPP to address his academic and behavioural needs, and ongoing phone calls and meetings with Scott's grandparent. However, due to the escalation in frequency and severity of Scott's outbursts, *principal* is arranging for placement in a behaviour management class. He has requested a behaviour assessment to assist with programming.

## EVALUATION PROCEDURES

The behavioural assessment consisted of a variety of means including checklists, anecdotal records, rating scales Behaviour Assessment System for Children (BASC) and classroom observations.

## CLASSROOM OBSERVATION

On the morning of March 21, 2001 Scott was observed for a two-hour period during the language and social studies lessons. Within the first 15 minutes of beginning his assignment Scott demanded "Why are we doing this f____ stuff?" The teacher ignored Scott's comment and attempted to provide him with some individual assistance with his assignment. Scott appeared to be frustrated with the work and pushed his book and papers off the desk stating "You can't make me do this f____ work." At this point the *teacher* tried to remove him from the room. Scott responded by yelling "Let me stay here for God's sake!" The t*eacher* proceeded to escort Scott from the room when he freed his arm and took a swipe at her, but missed. The teacher assistant tried to restrain Scott who began to kick and flail his arms violently. It took approximately five minutes for Scott to calm down sufficiently to be escorted from the room.

## BEHAVIOUR ASSESSMENT SYSTEM FOR CHILDREN (BASC)

The BASC was completed separately by the teacher and teacher assistant (Teacher Rating Scale - TRS) and by Scott's grandparent (Parent Rating Scale - PRS). The BASC examines many aspects of behaviour and personality including positive (adaptive) behaviour and clinical dimensions, which identify areas of concern. All forms of the BASC contain validity scales to examine the overall honesty and consistency of the individuals who complete the forms, a composite score that measures the overall level of problem behaviours, area scores measuring both adaptive and clinical dimensions and sub-scale scores within each area.

The TRS completed by the teacher and teacher assistant appear to be valid for interpretation. The PRS completed by the grandparent shows an elevated level of negativity in the responses, but due to overall consistency with the other raters, can be accepted as valid.

Results of the BASC are summarized in the Table 1. There were several areas of concern identified by staff and grandparent. Areas in which all three respondents rated Scott in the clinically significant (indicating a high level of maladaptive behaviour) or at risk (presence of significant problems) ranges included the following:

- Behavioural Symptoms Index
  - This index is a combination of clinical scales that reflects the overall level of problem behaviour.
- Externalizing Problems Composite
  - This composite consists of hyperactivity, aggression and conduct problems and is characterized by the disruptive nature of a child's behaviour.

- Adaptive Skills Composite
  - Low scores on this composite indicate difficulty with pro-social, organizational and study skills as well as other adaptive characteristics.
- Aggression
  - High scores on this scale reflect the tendency to act in a verbal or physical way that is threatening to others.
- Conduct Problems
  - This scale relates to the tendency to engage in antisocial and rule-breaking behaviour, including destroying property.
- Depression
  - High scores on this scale reflect feelings of unhappiness or sadness.
- Attention Problems
  - This reflects the tendency to be easily distracted and have difficulty sustaining concentration.
- Adaptability
  - Low scores on this scale indicate difficulty in adjusting to changes in routine or shifting from one task to another.

Other areas in which two of the three raters placed Scott in the clinically significant or at risk range included:

- Internalizing Problems Composite
  - This composite consists of the anxiety, depression and somatization scales and other difficulties not marked by acting-out behaviour.
- Anxiety
  - This scale looks at the tendency to be nervous, fearful or worried about real or imagined problems.
- Atypicality
  - This reflects the tendency to behave in ways that are "odd" or immature.
- Leadership
  - Low scores reflect difficulty with the skills associated with accomplishing goals, especially the ability to work well with others.

# TABLE 1. SUMMARY OF BASC SCORES

Clinically Significant Scores (*) are 70 or greater on Clinical Scales and 30 or less on Adaptive Scales
At Risk Scores are 60 to 69 on Clinical Scales and 31 to 40 on Adaptive Scales
Average Scores are 41 to 59 on Adaptive Scale

| | TRS Teacher | TRS T. Assistant | PRS Grandparent |
|---|---|---|---|
| **CLINICAL SCALES:** | | | |
| Hyperactivity | Clinically Significant | Clinically Significant | Clinically Significant |
| Aggression | Clinically Significant | Clinically Significant | Clinically Significant |
| Conduct Problems | Clinically Significant | Clinically Significant | At Risk |
| Externalizing Composite | Clinically Significant | At Risk | Clinically Significant |
| Anxiety | Clinically Significant | At Risk | Average |
| Depression | Clinically Significant | Clinically Significant | At Risk |
| Somatization | Average | At Risk | Average |
| Internalizing Composite | Clinically Significant | Clinically Significant | Average |
| Atypicality | At Risk | Average | At Risk |
| Withdrawal | Clinically Significant | Clinically Significant | Average |
| Attention Problems | Clinically Significant | Clinically Significant | Clinically Significant |
| Behavioural Symptoms Index | Clinically Significant | At Risk | Clinically Significant |
| **ADAPTIVE SCALES:** | | | |
| Adaptability | Clinically Significant | At Risk | Clinically Significant |
| Social Skills | At Risk | Average | Average |
| Leadership | At Risk | At Risk | Average |
| Study Skills | At Risk | At Risk | Average |
| Adaptive Skills Composite | At Risk | At Risk | At Risk |
| School Problems Composite | At Risk | Average | Average |

## SUMMARY AND RECOMMENDATIONS

The findings from the BASC, behavioural observations, anecdotal records and behavioural checklists are very consistent and demonstrate significant areas of concern. On the basis of the present investigation, Scott presents sufficient symptoms for a diagnosis of severe Attention-Deficit/Hyperactivity Disorder, combined type (DSM-IV, 314.01) Oppositional Defiant Disorder, (DSM-IV, 313.81) and conduct disorder severe (DSM-IV, 312.8 Child-Onset Type). Scott also demonstrates several symptoms of depression. Presently, from the school perspective, the greatest concern is the safety of those around him, including other students, his teacher, teaching assistant and principal.

The following suggestions are provided:

1. A behaviour management system for in-class and out-of-class deportment and compliance is necessary. Scott needs to clearly know the consequences for infractions of this nature. Timeout, loss of school privileges and in-school suspensions may be necessary on an infrequent basis.
2. Scott requires monitoring and supervision, especially in unstructured situations such as recess and noon hour.
3. Clearly, students with Scott's behavioural difficulties do not benefit from frequent negative consequences, i.e., detentions, out-of-school suspensions, etc. Scott will generally respond better to positive behaviour management strategies, i.e., point system, contracting, incentives, goal setting counselling and teaching of pro-social skills.
4. Placement in an alternate setting, such as a behaviour management class for students with behavioural disorders should be considered. My understanding is that the principal in this regard, is currently making arrangements.
5. Scott needs to receive intensive and ongoing counselling with a practitioner who has expertise in working with aggressive and troubled children. It is positive to note that Scott has been involved with a private therapist and it is recommended that he continue to receive counselling.
6. Consistency between home and school environments will be necessary for significant changes in Scott's behaviour. Techniques utilized can be reinforced in both settings.
7. Dealing with Scott's needs can be very draining on the family. Family counselling may be helpful to address the many issues that arise as a result of parenting a child with emotional/behavioural issues.
8. If the time comes when it is feasible to reintroduce Scott to a regular classroom environment, it is essential that a transition plan be established to allow successful reintegration.

**Thank you for the opportunity to consult regarding Scott. Should there be further questions or concerns, please contact the undersigned.**

Alison Smith, M.Ed,
Chartered Psychologist

## Sample Anecdotal Records — Scott

| Date & Time | Location | Other People Involved | Behaviour | Severity | Intervention Strategy Used | Result of Intervention on Student's Behaviour |
|---|---|---|---|---|---|---|
| January 5<br>9:00 a.m. | Classroom | | Singing inappropriate songs (Mr. Hanky Pooh likes to eat pooh). | Disruption of class and lesson. | Reminder to Scott of appropriate behaviour. | Twice today Scott had time outs in the hallway. As well he had to work at the time out desk. |
| | | | Singing out just "Mr. Hanky Pooh, Mr. Hanky Pooh". | | Take token away, stand by Scott and continue. | |
| | | | Attempted to sing again. | | Removed Scott to the time out desk. | |
| January 6<br>10:35 a.m. | Classroom | | Singing out and smiling, saying "Sorry" in a baby's voice when I looked his way or spoke to him. | Completely interrupted social studies lesson. | Reminder of appropriate behaviour. I took away a token. | Quieted Scott for a few minutes. Scott sat there grinning at me. |
| | | | Refusal to stop talking nonsense and listen. | Disruption of students.<br>Other students engaging in the dialogue with Scott. | Asked Scott to step into the hallway and compose himself. When he was ready to learn he was welcome to come back. One minute later he came back. | |
| | | | Other students all on task – Scott began fooling around trying to engage other students. | | Once students were working on a task Scott began fooling around. Scott was moved to the time out desk to work. After about 10 minutes he asked to return to his desk. | Not much accomplished in time out desk.<br>On returning to his desk Scott worked fairly well for the last 10 minutes of the day. |
| | | | Discussion of inappropriate material. "Going to take a knife and stab someone's eyes out because they are stupid." | | Reminder to Scott about appropriate things to discuss.<br>Take tokens away from students who are laughing or engaging in the conversation with Scott. | Laughing minimized when other students were losing tokens.<br>Other students not willing to enter discussion with Scott. |

## Sample Anecdotal Records Continued — Scott

| Date & Time | Location | Other People Involved | Behaviour | Severity | Intervention Strategy Used | Result of Intervention on Student's Behaviour |
|---|---|---|---|---|---|---|
| January 13 9:15 a.m. | Classroom | Female student | Scott had problems after each recess and at lunch with other students. | Huge disruption to students coming into class. | Scott was asked to sit in his desk to calm down. He refused to talk to me. | Scott was very angry when he was sent home. Said 'he wasn't coming back to this f____ school.' Called his grandparent to let her know what to expect. |
| | | | He appeared angry and became agitated with most classroom activities. He began to cry. | | Tried to provide individual assistance. | |
| | | | He had a temper tantrum in class and hit another student in the face with his fist. | Very hostile and aggressive. | Removed Scott from the room. Scott was given a 1 day out of school suspension. | When Scott returned we discussed the consequences of fighting. He insisted that it was not his fault. |
| January 17 11:00 a.m. | Library | Mrs. G. | Interrupting Mrs. G calling out silly comments to the book being read. | Disruption to other students. | Quietly asked Scott to come sit next to me. | |
| | | | Running around library all crazy and being silly. | Disturbing classes around library. | Immediately removed Scott from the library. Had to sit by himself outside library. | Sat and banged heels on floor in hallway. Had a very angry hostile look on his face. |
| | | | Very angry yelled at me that 'he had not gotten any books out.' | | Quietly reminded him that going to the library was a privilege. | |
| January 18 8:35 a.m. | Classroom | Male student | Scott came yelling into the classroom "I did not." | Huge disruption to class. | Approached Scott, said good morning and asked him to go get his shoes on. He ignored me. | |
| | | | Scott yelling right in B's face as loud as he could "I did not." Scott seemed ready to push B | Hostility growing between Scott and Blair. | Asked B to sit down.<br>Asked Scott what was wrong.<br>He told me "Nothing."<br>I asked Scott to step into hallway. We discussed the situation. He refused to admit he was swearing. Reminder of expectations and consequences of swearing. | Came back into class and yelled. |
| | | | Other student piped up and said Scott was calling kids assholes in the park. Scott very angry, yelled again. | | | |

**Sample Anecdotal Records Continued — Scott**

| Date & Time | Location | Other People Involved | Behaviour | Severity | Intervention Strategy Used | Result of Intervention on Student's Behaviour |
|---|---|---|---|---|---|---|
| January 18 a.m. recess | Hallway | Two grade 4 female students | Two students came to me complaining that Scott has been pushing them down at recess.<br>Scott yelled the girls are liars when asked about situation. | One student crying because knee hurt.<br>Refusal to take responsibility. | Pulled Scott aside and asked him what happened.<br>Discussing situation – eventually Scott agreed to apologize. | Scott apologized and then proceeded to mutter loudly, "But I did nothing." |
| January 18 p.m. recess | Field | Two students in my class | Complaint Scott was pushing girls around and when they ignored him he swore at them.<br>Unwilling to discuss situation. | Refusal to take responsibility. | Attempt to discuss with Scott. Refused to talk. I let it go for now. Discussed with Scott before he went home. | Very disruptive for the rest of the day. He was off task. |
| January 20 3:20 p.m. | Classroom | | Singing Spice Girl songs while I was trying to explain homework assignment.<br>Singing continues.<br>Singing still continues… . | Disruptive. | Reminder.<br>Token taken away<br>Time out in hallway.<br>Stay after school to copy assignment. | Came back into the class all smiles ready to go home.<br>Shock. Copied assignment down very messily. |
| January 22 p.m. recess | Playground | Mr. J., Female students | Girls complained to Mr. J. that Scott was swearing. | Refusal to accept responsibility. | Mr. J. reminded Scott of the consequences and suggested he go play away from these girls. | Scott hostile and mad. |
| January 22 2:32 p.m. | Hallway outside classroom | Female students | I heard Scott yelling at the girls for telling on him. He called them assholes. | Breaking school discipline policy. | School conduct report completed. | Scott very disruptive and unproductive for the rest of the day. |
| January 25 p.m. recess | Playground | Ms. N. | Ms. N. related the story to me. Scott was arguing with a number of students in my class.<br>Displaying extreme hostility and aggression towards peers and teacher. | Extreme hostility and aggression. | Ms. N. approached Scott and attempted to discuss situation in a jovial manner.<br>Ms. N. had to restrain Scott for two minutes to allow him to cool down. | Scott very hostile when returned to class. Scott was very disruptive and unproductive for the rest of the day. |

## Sample Anecdotal Records Continued — Scott

| Date & Time | Location | Other People Involved | Behaviour | Severity | Intervention Strategy Used | Result of Intervention on Student's Behaviour |
|---|---|---|---|---|---|---|
| January 26 after school | Outside school doors | Male student | Scott had one hand around A's neck and he was violently punching him in the face with the other hand. A was crying and saying, "I'm sorry it was an accident, stop." | A had a bleeding nose and lip.<br>Failure to read a social situation. | Scott was placed in the classroom and allowed 10 minutes to calm down.<br>I came in to talk to him. He was very hostile. Mrs. S. was brought in due to the violent nature.<br>Scott was given a one day in school suspension. He was also banned from playing in the field. | Scott very upset when he went home. He came to school the next day very quiet but could not tell me why he was suspended. |
| January 29 p.m. recess | Playground | | Scott was yelling at me telling me he should be allowed in the field to play. He yelled, "I hate this school!" He violently kicked the snow and ice chunks. | Very hostile and aggressive. | Tried to empathize with him, explaining why he needed to stay at the park. Reminded him this was temporary. Did not engage further. Walked away and monitored him from a distance. | Scott showed no understanding of his own actions and how the consequences are related. |
| February 1 12:40 p.m. | Hallway and classroom | | Screaming a high-pitched squeal. | Very disruptive to students coming in from lunch. | Politely asked him to stop. Reminder of rules. | Scott laughed hysterically. Scott had a difficult time settling down for the afternoon. |
| February 1 3:30 p.m. | Classroom | | Left class at end of day yelling, "I hate this school and everybody here. Everybody's stupid." He ran out of the school. | Disruptive to students exiting classroom | Called home to make sure Grandmother aware of Scott's mood when he left. | |
| February 2 8:35 a.m. | Field | | Scott was pushing and shoving with classmates in field. Scott was not allowed to be playing in the field. | Pushing and shoving students. Provoking his peers to fight. | Called Scott in to sit down.<br>He sat in his desk. He refused to talk to me. He kept turning his back to me. I left him alone and began the lesson. Before recess I reminded Scott of my expectations of where he is to play at recess and the consequences of not following through. | Scott calmed down. |

## Sample Anecdotal Records Continued — Scott

| Date & Time | Location | Other People Involved | Behaviour | Severity | Intervention Strategy Used | Result of Intervention on Student's Behaviour |
|---|---|---|---|---|---|---|
| February 2<br>3:32 p.m. | Classroom | | Scott packed up to leave. He yelled across the room at me. He would 'never listen to me again' and ran out of the school. | Disrespectful, disruptive, disregard for school rules (running). | He left. I called his Grandmother to inform her of the situation. | |
| February 3<br>8:25 a.m. | Classroom | Female students | Scott pushing and shoving the two girls. I called him in. Came into class and threw his bag across the room. Very upset.<br>Yelled he would 'never listen to me again.' | Disregard for school rules and behaviour contract. | Attempted to talk to him.<br>He got more upset. | |
| | | | Upset, hostility escalating, Reluctantly came to the office. He muttered all the way down the hall, swearing under his breath. | | Asked to come to the office.<br>Left him in time out for 10 minutes. | Scott had completely calmed down. I discussed strategies and why he is not allowed in the field.<br>Asked Scott to pick consequence. He chose to miss 10 days of recesses. I said this was not reasonable. I decided one more day of not being allowed in the field. |
| February 3<br>12:40 p.m. | Classroom | Male students | I returned to the classroom to find Scott, A and J running around the classroom screaming. | Disregard for classroom rules. | Pulled the three students aside. During PE asked students to do a behaviour plan. | Scott laughed at me but then he completed the assignment with no problem. |

## Sample Anecdotal Records Continued — Scott

| Date & Time | Location | Other People Involved | Behaviour | Severity | Intervention Strategy Used | Result of Intervention on Student's Behaviour |
|---|---|---|---|---|---|---|
| February 3<br>1:45 p.m. | Gym | | While doing warm up laps Scott bumped and pushed other students.<br>While explaining task – Scott crawled all over the equipment and laughed hysterically.<br>Scott was very hyper. He was swinging on the bars and just about hit another student in the head.<br>When he returned to the equipment he refused to follow instructions. I blew my whistle and he continued to play around. | Potential danger to other students.<br>Defiant and total disregard for gym rules. | Talked to him. Reminded him of safety concerns.<br>Asked him to get off equipment. Explained task and rules. Told him that is 1.<br>Immediately removed Scott from the equipment and had him sit out for five minutes.<br>He sat out for the rest of the class. | Scott was very angry. He sat on the floor banging his heels. |
| February 4<br>11:00 a.m. | Classroom | | Calling out ridiculous answers and laughing.<br>Banging on desk. The banging continues.<br>Still calling out, but not with silly answers. | Disruptive to class. | Take token.<br>Take another token. Verbal warning.<br>Thank him for his answer.<br>Remind to put hand up and wait. | |
| February 9<br>10:30 a.m. | Classroom | | Mimic me as I read out answers to homework.<br>He smiles. He continues to mimic me.<br>Chooses to continue. | Disruptive to other students.<br>Disrespectful to teacher. | Non-verbal cues.<br>Take token and given a verbal warning.<br>Time out in hallway. | Comes back like nothing has happened. |

## Sample Anecdotal Records Continued — Scott

| Date & Time | Location | Other People Involved | Behaviour | Severity | Intervention Strategy Used | Result of Intervention on Student's Behaviour |
|---|---|---|---|---|---|---|
| February 10 10:40 a.m. | Classroom | | Students doing a reading test. Scott was scribbling and humming to himself.<br>After two minutes he starts to kick his desk.<br>Responds "I don't know" to every question I read.<br>Defiant doesn't want either choice. Refuses.<br>He gets up. Kicks a few desks on his way out. | Disruptive to other students. | Quietly asked him to stop. Refocus him on his task.<br>I sit next to him and attempt to help him. Read questions to him. Refocus on story. Give choices. Complete work here or in the office.<br>Ask to come with me to the office.<br>Either way he is going to the office. He can come quietly, or Mrs. S. will come down. | On returning from office Scott worked quite well for an hour. |
| February 11 p.m. recess | Classroom | 4 male students | 4 male students came running into the classroom after recess to tell me Scott had been pushing other students and swearing. Scott entered the room very quietly, but as soon as he saw the boys talking to me he flipped. He started screaming "I didn't do it. Everyone hates me." He threw his jacket across the back of the room. Scott began crying uncontrollably. He stopped crying. He told me all the other students were lying.<br>He screamed at me "Because."<br>He came to the door and asked to talk to me. | Disruptive. Disregard for school and classroom rules. | I asked Scott to quietly take his jacket off and come talk to me. I would like to hear his side of the story.<br>I suggested he step out of the classroom and pull himself together. I followed him into the hallway.<br>I asked him why would they all lie.<br>I told Scott that when he was ready to talk to me properly I would be willing to continue this. Scott remained in the hall for five minutes.<br>We discussed the situation | Scott refused to see what he had done wrong. He just blamed the other students. |

## SAMPLE — INDIVIDUALIZED PROGRAM PLAN — SCOTT

| | | | |
|---|---|---|---|
| **Student** | Scott | **Student ID#** | |
| **Birthdate** | | **Parents** | |
| **School** | | **Program** | Behaviour Management Class – District Site |
| **Teacher(s)** | | **Grade** | Four |

**DESCRIPTION OF PROGRAM**

The Behaviour Management program was developed in response to a demand for the teaching of students who have been diagnosed by a psychiatrist or psychologist as exhibiting Severe Behaviour Disorders. Programming focuses on helping students to cope with their social, emotional, and academic difficulties. The students are provided with a highly structured behavioural and academic program, which is designed to improve students' functioning so they return successfully to a learning group with same age peers.

The classroom consists of 13 boys (grades 4 – 6) in the class with 2 teachers. One time-out room is located inside the classroom.

**LONG TERM GOALS**

Teachers: To show determination and commitment to improve his behaviour and academic performance.
Student: My goal is to keep on track (stay focused and on task in class). I want to get better in math. I want to improve my writing.
Grandparent: To remain on school bus with no infractions until the end of June. To maintain an interest in his classes and stay focused while in school. To try and not act silly to impress his classmates and to be accepted by them.

| TESTS ADMINISTERED | JUNE 2000 | SEPTEMBER 2000 | JUNE 2001 |
|---|---|---|---|
| **Achievement Tests** | Language Arts<br>• Reading – 22/40<br>• Writing – 15/35<br>Mathematics<br>• Knowledge – 20/43<br>• Skills – 8/24 | | |
| **Spelling**<br>**KTEA** | | 14th percentile | |

**SAMPLE — INDIVIDUALIZED PROGRAM PLAN — CONTINUED**

| | | | |
|---|---|---|---|
| **Reading word Recognition WRMT-R** | | 34th percentile | |
| **Reading Comprehension WRMT-R** | | 28th percentile | |
| **Written Language TOWL-2** | | 24th percentile | |
| **Math Computation** | | 10th percentile | |

| **STRENGTHS** | **WEAKNESSES** |
|---|---|
| • Is able to get along with most students in a structured situation<br>• Enjoys talking about his own world<br>• Works well with hands-on-operations<br>• Works well in a group situation with supervision<br>• Displays enthusiasm when participating in a variety of activities | • Has difficulty talking about his feelings<br>• Has difficulty listening to instructions<br>• Has difficulty accepting constructive criticism<br>• Has difficulties with math<br>• Makes disrespectful comments to students and staff<br>• Has consistent off task behaviour |

**ACCOMMODATIONS FOR INSTRUCTION**

- Time-out room, table and chair at the back of the room, desk in hallway
- Enhanced pupil ratio
- Staff trained to provide required procedures (e.g., non-violent crisis intervention)
- Modified math, language arts, social studies and science programs to accommodate his level of achievement

**SAMPLE — INDIVIDUALIZED PROGRAM PLAN — CONTINUED**

## BEHAVIOUR MANAGEMENT STRATEGIES

1. **Create an Environment to Increase Appropriate Behaviour**
    - provide a predictable environment, with clear cut boundaries, expectations and consequences
    - use high levels of structure, routine and supervision in all settings
    - post established rules in the classroom and review frequently
    - ensure appropriate behaviour by using modelling
    - reinforce appropriate behaviour (anecdotal records, token economy, checklists)
    - utilize a daily communication book
    - have an incentive plan to modify behaviour
    - use low key teaching strategies such as eye contact, proximity, student's name
    - teach anger management
    - maintain a calm demeanor, apply consequences in a calm manner, avoid escalating a situation
    - reduce the number of transitions and have clear routines for transitions
    - recognize and reward compliance and on task behaviour

2. **Increase Attention**
    - see #1: creating a safe environment
    - minimize distractions, area of visual calm, seat near teacher
    - use frequent changes in activities, with calming time before new activity
    - allow legitimate movement (brief exercise or other manipulative)

3. **Reduce Aggressive Behaviour**
    - see #1 and #2 above
    - teach strategies for identifying and preventing situations
    - avoid placement with multiple teachers
    - reinforce small levels of appropriate behaviour
    - allow for cool down time
    - debrief after behavioural incidents

**SAMPLE — INDIVIDUALIZED PROGRAM PLAN — CONTINUED**

**LEGEND**

- **1** – consistently demonstrates behaviour
- **2** – behaviour demonstrated more than 50% of time
- **3** – behaviour demonstrated less than 50% of time
- **4** – behaviour never demonstrated

| ATTITUDE AND WORK HABITS | NOVEMBER REVIEW | MARCH REVIEW | JUNE REVIEW |
|---|---|---|---|
| Scott will listen to instructions | 3 | | |
| Scott will work independently | 3 | | |
| Scott will participate as a productive group member | 2<br>(in teacher facilitated groups) | | |
| Scott will show respect for students, teachers and administrators | 2 | | |

| OBJECTIVES FOR AGGRESSIVE BEHAVIOUR | NOVEMBER REVIEW | MARCH REVIEW | JUNE REVIEW |
|---|---|---|---|
| Scott will comply with adult's requests or rules | 2 | | |
| Scott will not argue with adults | 2 | | |
| Scott will not lose his temper | 2 | | |
| Scott will not deliberately annoy other people | 3 | | |
| Scott will not blame others for own mistakes or misbehaviour | 3 | | |
| Scott will not bully or threaten others | 3 | | |
| Scott will not initiate physical fights | 3 | | |
| Scott will not swear at staff or students | 2 | | |

| OBJECTIVES FOR READING INSTRUCTION | NOVEMBER REVIEW | MARCH REVIEW | JUNE REVIEW |
|---|---|---|---|
| Scott will develop reading fluency when reading aloud from books at an appropriate reading level | 2 | | |
| Scott will complete comprehension activities following assisted reading from books at his instructional level | 2 | | |
| Scott will recognize the key features of a story (main character, setting, problem, solution) | 2 | | |

**SAMPLE — INDIVIDUALIZED PROGRAM PLAN — CONTINUED**

**LEGEND**

- **1 –** consistently demonstrates behaviour
- **2 –** behaviour demonstrated more than 50% of time
- **3 –** behaviour demonstrated less than 50% of time
- **4 –** behaviour never demonstrated

| OBJECTIVES FOR READING INSTRUCTION | NOVEMBER REVIEW | MARCH REVIEW | JUNE REVIEW |
|---|---|---|---|
| Scott will use context clues to determine unfamiliar words when reading | 2 | | |
| Scott will use decoding as a secondary resource when monitoring reading | 2 | | |
| Scott will place story events in sequence following reading | 3 | | |
| Scott will use headings, boldface, and other textual clues to predict what information an article may contain | 3 | | |

| OBJECTIVES FOR WRITING INSTRUCTION | NOVEMBER REVIEW | MARCH REVIEW | JUNE REVIEW |
|---|---|---|---|
| Scott will follow the steps of the writing process from planning, through rough copies, to the final draft | 2<br>(needs to be reminded) | | |
| Scott will spend time editing his own writing for punctuation, spelling, and grammatical errors between drafts | 3 | | |
| Scott will revise his writing for clarity and completeness of ideas between drafts | 4 | | |
| Scott will respond to written questions with grammatically correct sentences that incorporate words from within the original question | 3 | | |
| Scott will demonstrate an understanding of the plot structure required for story writing | 3 | | |
| Scott will write stories that progress in a logical manner | 2 | | |

**SAMPLE — INDIVIDUALIZED PROGRAM PLAN — CONTINUED**

**LEGEND**

- **1** – consistently demonstrates behaviour
- **2** – behaviour demonstrated more than 50% of time
- **3** – behaviour demonstrated less than 50% of time
- **4** – behaviour never demonstrated

| OBJECTIVES FOR SPELLING INSTRUCTION | NOVEMBER REVIEW | MARCH REVIEW | JUNE REVIEW |
|---|---|---|---|
| Scott will use dictionaries to locate correct spelling, pronunciation, and meaning | 3 | | |
| Scott will correctly spell common two-syllable words | 2 | | |
| Scott will correctly spell three and four-syllable words | 2 | | |
| Scott will identify and correctly use word endings *s, es, ies, ves, ing, er, est, ed, y.* | 2 | | |
| Scott will use combination vowel patterns to spell words | 2 | | |
| Scott will correctly spell words with double consonants | 2 | | |
| Scott will use double middle consonants before adding the *ed* ending | 2 | | |

| OBJECTIVES FOR SCIENCE INSTRUCTION | NOVEMBER REVIEW | MARCH REVIEW | JUNE REVIEW |
|---|---|---|---|
| Scott will ask questions that lead to exploration and investigation | 3 | | |
| Scott will record observations and measurements accurately, from activities and experiments done in class | 3<br>(only when teacher led) | | |
| Scott will evaluate the findings of the experiment | 3<br>(only when asked to by teacher) | | |
| Scott will work independently or cooperatively with others in planning and carrying out the identified procedures | 3 | | |
| Scott will communicate with group members showing ability to contribute and receive ideas | 3 | | |

## SAMPLE — INDIVIDUALIZED PROGRAM PLAN — CONTINUED

**LEGEND**

**1** – consistently demonstrates behaviour
**2** – behaviour demonstrated more than 50% of time
**3** – behaviour demonstrated less than 50% of time
**4** – behaviour never demonstrated

| OBJECTIVES FOR SOCIAL STUDIES INSTRUCTION | NOVEMBER REVIEW | MARCH REVIEW | JUNE REVIEW |
|---|---|---|---|
| Scott will identify Canada's provinces, territories and capitals | 3 | | |
| Scott will understand and identify differences between continents, countries, provinces and territories | 3 | | |
| Scott will understand how Albertans relate to their environment | 3 | | |
| Scott will identify the natural resources in the regions of Alberta | 3 | | |

| OBJECTIVES FOR MATHEMATICS | NOVEMBER REVIEW | MARCH REVIEW | JUNE REVIEW |
|---|---|---|---|
| Scott will recall multiplication facts to 81 (9 x 9 on a multiplication grid) | 3 | | |
| Scott will verify solutions to multiplication and division problems, using estimation and calculators | 2 | | |
| Scott will demonstrate an understanding of addition of decimals (tenths and hundredths), using concrete and pictorial representations | 3 | | |
| Scott will demonstrate an understanding of subtraction of decimals (tenths and hundredths), using concrete and pictorial representations | 3 | | |

**SAMPLE — INDIVIDUALIZED PROGRAM PLAN — CONTINUED**

## TRANSITION PLANS

**NOVEMBER REVIEW**

Scott is responding well to the structured setting. He is striving to reduce the number of conflicts and control his anger with self-initiated time-outs. However, he needs to be continually reminded to stay on task. Scott needs to be given high expectations in the quality of work that he presents during class activities. This often results in him redoing his assignments to meet these expectations. Scott's learning abilities are strengthened through hands on activities.

**MARCH REVIEW**

**PROGRAM/GRADE PLACEMENT FOR NEXT SCHOOL YEAR**

**SUMMARY OF STUDENT PROGRESS**

**RECOMMENDATIONS FOR FUTURE INSTRUCTION**

Signature of Parent/Guardian:
L. Campbell

Signature of Teacher(s):
**B. Smith**

Signature of Principal:
S. Simpson

# Appendix C — Completed Sample Review Package (Code 43)

## Sample Student Review Form – Jonathan

## Severe Disabilities Funding 2002-2003

**PLEASE CHECK CODE**

q **41** Severe cognitive
q **42** Severe emotional/behavioural
**43** Severe multiple
q **44** Severe physical or medical, including Autism
q **45** Deafness
q **46** Blindness

**Jurisdiction** ABC Jurisdiction
**School**
**Student Name** Jonathan
**Birthdate (yy/mm/dd)** 85/06/15 **Grade**
**Learning ID** 00000000
**Specialized Placement (describe)** Specialized setting.

1. **Supporting documentation from the appropriate professionals (please attach copies):**

a) Diagnosis(es):
i ) CP (Spastic Quadriplegia), Seizure Disorder/Developmental Delay
ii ) OT Report/PT Report/SLP Report

b) Date of Diagnosis(es): i ) August 1999 ii ) June 2000

c) Professional(s) conducting assessment(s): Dr. Simpson

d) How does the condition affect the student in the learning environment?
Requires modified environment, assistance to ensure safety, modified curriculum, special class placement.

2. **Additional information (if required):**

3. **Services provided in accordance with the *Funding Manual For School Authorities*, Severe Disabilities, Section 1.A.2 (Jurisdictions) and 3.2 (Private Schools). Identify three or more of the following supports from (a to e) that are being provided to the student:**

a) Frequent specialized one-on-one instruction/intervention. For example:

teacher assistant 4 (hours per day; staff/student ratio)
small group work with teacher assistant 4 (hours per day; staff/student ratio) 2:1
specialized setting with teacher TMD 3/1 (hours per day; staff/student ratio)
q interpreter
q Transliterator
q other (specify)

b) Specialized or adaptive equipment. For example:

q communication devices
assistive computer technology
q Free Field Amplification
other (specify) Facility modification – washroom

OT/PT equipment
Specialized furniture
q FM system

c) Assistance for basic care. For example:

☐ toileting program
catheterizing
☐ g-tube feeding
administration of medication
☐ orientation and mobility training
☐ other ______________________________

grooming
dressing
☐ respiratory therapy
management of equipment

☐ diapering
☐ feeding assistance
☐ oxygen
OT/PT therapy

d) Frequent documentation

- **Behaviour** ☐ Checklist ☐ anecdotal notes ☐ behaviour plan
  ☐ Other ______________________________
  frequency ☐ Hourly ☐ daily ☐ weekly ☐ monthly
- **Medical** Medical logs medical emergency plan
  ☐ Other ______________________________
  frequency ☐ Hourly ☐ daily ☐ weekly ☐ monthly

e) Therapeutic services for the student at a cost to the system. For example REACH, CASE, Belvedere Consulting Services, RESEAU; Student Health Initiative Funding:

☐ itinerant teacher
special education consultant
☐ hearing consultant
occupational therapist
☐ orientation and mobility specialist
☐ counsellor, please specify ______________________________
☐ other

☐ speech therapist
☐ technology consultant
☐ chartered psychologist
physical therapist
☐ school liaison counsellor/worker

☐ vision consultant
☐ nursing services
☐ audiologist
☐ behaviour specialist

Other service providers. For example:

☐ Alberta Health and Wellness
Alberta Children's Services
☐ Alberta Mental Health Board
☐ Alberta Justice
☐ AADAC
☐ family/community agencies, specify ______________________________
☐ Materials Resource Centre (MRC)
☐ other ______________________________

☐ medical professional services
Handicapped Children's Services
☐ Family and Community Support Services (FCSS)
☐ local police authority/RCMP
☐ CNIB

**4. Individualized Program Plan (IPP):**

A current IPP is on file relevant to the above coding and the individual needs of the student is developed and implemented signed by the school team including the parent/guardian.

## DECLARATION

**Relevant documentation to support the claim is available, at least three of five supports listed in 3 (a – e) are in place, a current IPP is included in the student's file, and the student meets the Severe Disabilities Funding criteria.**

September 19, 2002
**Date**

L. Paterson
**Signature of School Authority Designate**

## SAMPLE LETTER FROM FAMILY DOCTOR

DR. SIMPSON
FAMILY MEDICINE

August 28, 1999

RE:

DOB:

Home #:

To whom it may concern:

Jonathan is a patient who suffers with cerebral palsy of the spastic quadriplegia type, a seizure disorder and developmental delay. For this reason he should be considered eligible for the necessary funding to allow him to participate to the full extent of his capabilities in a school setting.

Sincerely,
*Dr. Simpson*

## Community High School

**SAMPLE ASSESSMENT — JONATHAN**
**Summary of Adaptive Behaviour Scale-School (second edition)**

**Student: Jonathan**
**Birthdate:**
**Date of Rating:** **January 5, 2001**
**Date of Summary:** **January 7, 2001**

The Adaptive Behaviour Scale is designed to provide a reasonably comprehensive assessment of a student's ability to cope with their environment.

This scale is divided into two parts. Part One focuses on personal independence and is designed to evaluate coping skills considered important to personal independence and responsibility in daily living. The behaviours within Part One are grouped into nine behaviour domains. Part Two of the scale is concerned with social behaviours. These are grouped into seven domains and are measures of those adaptive behaviours that relate to the manifestation of personality and behaviour disorders.

The **Non-Mental Retardation Norms** were used to calculate percentile ranks, standard scores and age equivalents. The standard scores provide the clearest indication of a person's adaptive behaviour at the time of the assessment. Domain standard scores are based on a distribution having a mean of 10 and a standard deviation of 3. Factor standard scores are based on a distribution having a mean of 100 and a standard deviation of 15.

**Part One Domain Scores:**

| | Percentile | Standard Score | Age Equivalent |
|---|---|---|---|
| Independent Functioning | <1 | 1 | <3 |
| Physical Development | 2 | 4 | <3 |
| Economic Activity | <1 | 1 | <3 |
| Language Development | <1 | 1 | <3 |
| Number and Time | <1 | 1 | <3 |
| Prevocational/ Vocational Activity | 5 | 5 | 3-9 |
| Self-Direction | <1 | 2 | <3 |
| Responsibility | 1 | 3 | <3 |
| Socialization | <1 | 2 | <3 |

**Part Two Domain Scores:**

| | Percentile | Standard Score |
|---|---|---|
| Social Behaviour | 91 | 14 |
| Conformity | 75 | 12 |
| Trustworthiness | 84 | 13 |
| Stereotyped & Hyperactive Behaviour | 5 | 5 |
| Self-Abusive Behaviour | 63 | 11 |
| Social Engagement | 63 | 11 |
| Disturbing Interpersonal Behaviour | 84 | 13 |

**Part One Factors:**

| | Standard Scores | Age Equivalent |
|---|---|---|
| Personal Self-Sufficiency | <60 | <3 |
| Community Self-Sufficiency | <60 | <3 |
| Personal-Social Responsibility | <60 | <3 |

**Part Two Factors:**

| | |
|---|---|
| Social Adjustment | 112 |
| Personal Adjustment | 72 |

**Summary of Findings**: Age equivalent scores indicate he is functioning significantly below his same-age peers in a number of areas of adaptive behaviour. He displays severe delays in all areas of development, which greatly impedes his ability to cope with the demands of his environment.

Special Education Coordinator / Chartered Psychologist

**RESOURCE TEAM**

## SAMPLE OCCUPATIONAL THERAPY REPORT — JONATHAN

Name: Jonathan

Date of Birth: ______________________

School: ______________________

Teacher: ______________________

Occupational Therapist: ______________________
B.M.R., O.T.

Date of Report: June 25, 2000

### DIAGNOSIS

Cerebral palsy, spastic quadriplegia, seizure disorder.

### SUMMARY OF OCCUPATIONAL THERAPY INVOLVEMENT:

1. The Occupational Therapist assisted the Physical Therapist in reviewing the wheelchair-seating system.
2. Observations of feeding in the classroom were initiated. It was not possible to complete the assessment regarding feeding and self-care. This will be followed up on in the coming school year.

______________________
B.M.R., O.T.

Occupational Therapist

## SAMPLE PHYSICAL THERAPY ASSESSMENT REPORT — JONATHAN

**STUDENT:** Jonathan
**DATE OF BIRTH:**
**REPORT DATE:** March 30, 2000
**SCHOOL:**
**TEACHER:**

A joint referral for physical and occupational therapy services was received. In relation to physical therapy referral questions included:

a. request for appropriate flexibility exercises;
b. instructions regarding use of standing frame;
c. suggestions to enhance independence and self-care.

### Date of Visits to Standard School in Relation to Student

Assessment and management recommendations were provided during visits to the classroom on the following days:
January 16, February 13, February 26, February 27, March 20 and March 26, 2000.

### Significant Past History – Diagnosis of Spastic Quadriplegic Cerebral Palsy from Glenrose Rehabilitation Hospital Reports:

It is indicated that student has a seizure disorder, which is controlled. Student has had an occasional grand mal seizure. He is currently medicated with Depakane. Student has had previous tendo-achilles lengthening performed by doctor. In addition, student has been assessed at the Glenrose Feeding and Swallowing Clinic. Student's mother indicated in a telephone conversation that student had been reviewed by Dr. Smith in the last year and that he had recommended that the student not be provided with ankle/foot orthosis at present. She also reported that student had been provided with new tires, footrests and a new back for his wheelchair in late 1998.

### General Observations:

Student presents as a pleasant, social boy who enjoys interacting with his teacher, classroom assistant and classmates. He was quite anxious during my initial visits. He apparently is very fearful of medical people who might have needles. He became more comfortable as he was handled more and had more contact during my follow-up visits. Once student was more comfortable, he was very keen to demonstrate his abilities. He was observed to be distractible during activities, but responded to reminders to stay focused on a task. This has been emphasized during classroom activities and it is my impression that student's ability to focus on task has improved somewhat.

Student was observed to finger feed independently with some drooling evident. He was able to wipe his face independently. Student was observed to use a pencil grip with his right hand during paper and pencil skills. He uses both oral communication and signing.

### Neurological Testing

Muscle tone was assessed on the basis of resistance to passive movement and showed increases in all four limbs. Increases in tone are marked in the legs and moderate in the arms. On observation, spastic movement synergies were evident in all four limbs, but more in the legs than the arms. Quite marked increases in tone in the legs were observed during active movements of the arms. Clonus was evident at both ankles on testing.

### Cardiopulmonary/Circulatory Status

Student's hands and feet were cold to touch. There were no other obvious signs of any respiratory or circulatory issues.

### Skin Condition

The skin is in very good condition.

### Range of Motion and Skeletal Alignment

It was noted that when lying in a supine position, the lower extremities were positioned with the hip's adductor and internally rotated with the feet positioned in marked planter flexation and inversion. When assessed in a sitting position, it was the impression of the examiner that a lateral curvature of the spine was evident. This appeared to be a long C-curve that was concave on the left side. This curve appeared to be quite mobile. The ribs were observed to be quite symmetrically anteriorlly.

| **Hip flexion, Right Full, Left Full** | **Right** | **Left** |
|---|---|---|
| Hip extension (Thomas position) | Approx. – 30 | Approx. – 30 |
| Internal rotation with hip extended | + 60 | + 55 |
| External rotation with hip extended | + 25 | + 5 + 10 |
| Hip abduction with hip extended | + 15 | + 15 |
| **Knee** | **Right** | **Left** |
| Flexion with hip flexion | Full | Full |
| Extension | -25 | -25 |
| Ankle, planter flexion | Full | Full |
| Ankle dorsaflexion with the knee extended. Possible to achieve a plantargrade position of the foot with knee flexion and with compensation in mid-foot area. Gastrocnmeus-soleus spasticity is marked. | | |

| **Shoulder** | **Right** | **Left** |
|---|---|---|
| Flexion/elevation | + 180 | + 180 |
| Abduction | + 170 | + 170 |
| Internal rotation | Full | Full |
| External rotation | Full | Full |
| **Elbow** | **Right** | **Left** |
| Flexion<br>Extension | Full<br>- 25 | Full<br>- 30 |
| **Forearm** | **Right** | **Left** |
| Supination<br>Pronation | + 70<br>+ 45 | + 70<br>+ 70 |
| **Wrist** | **Right** | **Left** |
| All motions were assessed within normal limits | | |

**Motor Activities**

### Head Control

Student was observed to demonstrate the ability to lift his head in a back-lying position. He was also able to lift his head fully to a 90-degree angle in the prone position when supporting on his forearms. Lateral righting reactions were observed to be present but slow with sideways tilting of the trunk in sitting and were observed in side lying with propping of the arm. The head was observed to be often inclined to the left when student is sitting in his wheelchair.

### Protection Extension of the Upper Limbs

Some slow incomplete response was observed with trunk displacements in sitting. The response does not appear to be complete enough or fast enough to be of a functional quality.

### Crawling and Creeping

Student demonstrated the ability to crawl on all fours slowly but not consistently in a reciprocal pattern.

### Sitting

When observed sitting in his wheelchair, student's posture is quite symmetrical. Some asymmetry is evident; the left shoulder is lower and head is observed to tilt to the left. When observed sitting in his wheelchair, the student's feet are positioned in planter flexion and inversion. His hips are adducted and internally rotated. His pelvis is positioned in a posterior tilt. Since the student's pelvis is frequently tilted posteriorly, his thighs are not consistently supported. When in his wheelchair, student's feet are observed to be in a in a crossed position at times. Student was able to demonstrate the ability to get to a W-sitting position on the mat. When he was positioned in sitting astride a chair seat, Student was able to lift his arms and to momentarily control his trunk.

**Two Point Kneeling**
Student demonstrated the ability to assume this position independently from a W-sitting position on a mat. His hips appeared to be almost fully extended in this position. Some internal rotation was evident at the hip. Student controls his position quite well and appears to have the potential to learn more control in this position.

**Upper Extremity Movements**
Student is able to actively flex his upper extremities into a position of elevation with some elbow extension. He is also able to abduct and bring his arms forward in front of his body. He controls his upper extremities quite well during these movements but does demonstrate some consistent influence of spastic synergies.

**Standing**
Student requires maximal assistance to assume a standing position. When assisted to stand during transfers, there is quite marked scissoring of his hips (i.e., adduction and internal rotation). Marked planter flexion and inversion of the feet is also evident. Demonstrates quite good ability to use his arms on a support to assist with assuming a standing position. Currently student is positioned in a standing frame in the classroom for ten to fifteen minutes at a time. Because of the fixed flexion contraction at the knees and hips, it is not possible for student to stand in this device, except in a semi-crouched position. Enjoys this activity and it likely contributes to maintenance of range of motion at the hips and knees. It is possible to get student's feet in a planter grade position in this device. There is, however, compensation at the mid-foot in order to achieve this plantar grade position. During my last visit to the classroom, student wanted to stand in the standing frame. He demonstrated the ability to move from sitting on the floor to a two-point kneeling position and then to pull to a standing position in front of the standing frame.

**Walking**
Student does not use a walker and can only demonstrate reciprocal movements of his legs with maximal assistance. There is marked hip adduction and internal rotation as well as plantar flexion and inversion of the feet with knee flexion. This results in student crossing his feet over each other as he attempts to make the steps.

**General Independence/Locomotion/Mobility/Transfers**

**Wheelchair Independence**
Student demonstrated the ability to apply and release wheelchair brakes and seat belt. He is able to wheel his chair at a somewhat slow but functional velocity on vinyl flooring. He demonstrated the ability to steer through doorways when concentrating. Steering his chair in some of the more crowded areas in the classroom is somewhat more challenging. Student has learned to transfer independently from his wheelchair to the floor since January 1999. He will now begin learning to transfer back to his chair. Demonstrated the ability to transfer to and from the toilet independently using grab bars with standby supervision. He has become independent

with this skill since January 19, 1999. He is not yet able to adjust his clothing during toilet activities. Is not able to negotiate ramps independently at present, but demonstrates sufficient upper extremity control to begin to learn this skill. Distractibility will be a factor in the learning task. Outdoor wheelchair mobility has not been observed at this point in the assessment/consultation process.

**Pain/Tenderness/Discomfort**
None was reported.

**Equipment**
1. Quickie wheelchair with a J-back and a combie cushion.
2. Standing frame.
3. Bathroom transfer bars.

**Recreational Activity:**
Student enjoys watching hockey. He enjoys swimming in the school program. His teacher reports that he did very well with floating. It is also reported to enjoy Nintendo games.

**Recommendations**
Please see attached detailed description of activities that were recommended. The following is a summary of recommendations.
1. Institute movement/positioning program to assist with maintenance of range of motion in the upper and lower extremities in the trunk. This should include use of the standing frame to assist with lower extremity range of motion maintenance. Pressure areas related to stabilization in the standing frame need to be monitored in terms of skin integrity.
    - Continued practice with independence in relation to wheelchair skills.
    - Ramp mobility.
2. Transfer from floor back to his wheelchair with wheelchair manually stabilized.
3. Activity suggestions to encourage upper extremity range of motion control and trunk balance in sitting.
4. Suggestions for activities to include in student's physical education class.
5. Since student's motor abilities and needs in the classroom would be expected to change, it is recommended that physical therapy consultation occur on an ongoing basis to provide program and equipment suggestions and recommendations.

## SAMPLE PHYSICAL THERAPY ASSESSMENT REPORT — CONTINUED
## CHILD SERVICES SUMMARY

### PHYSIOTHERAPY REPORT

Name: Jonathan
D.O.B.:
Parent:
Teacher:
School:
Program:
Date: June 7, 1998
Physical Therapy Students:

**INTERVENTION PROVIDED:** (Modified) S.I. Therapy

- Neuro-Developmental Training for postures and transitions
- Practice of transfers to and from wheelchair to mat
- Practice wheelchair mobility to and from sessions
- Sessions 5x/week for 4 weeks, each session lasting approximately 45 minutes.

**OBJECTIVES:**

1. Provide increased sensory "experience" through whole body movements combined with proprioceptive and vestibular stimulation.

2. Introduce standing with Kate Walker to increase independence for standing pivot transfer.

3. Increased independence floor to chair transfer.

4. Increased independence in wheelchair skills within school hallways.

5. Increased use of left hand for functional activities.

6. Encouraging correct trunk posture and introducing rotation in various positions – bolster ball, high kneeling, long sit, etc.

**EVALUATION:**

1. Enjoys swinging, playing with spandex and bouncing on the ball during therapy to increase sensory experience.

2. Tolerates standing with 1 maximum assistance for positioning of feet, pelvis, trunk, etc. for approximately 5 minutes with Kate Walker.

3. Requires 1 medium assistance from floor to chair from high kneel using trapeze to pull to stand with assistance to pivot.

4. Wheels wheelchair with some verbal cueing and hand over hand help for left hand turns. Propels chair independently and requires 1 minimum assistance with footpads and verbal cueing for brakes/seatbelts.

5. Use of left hand when wheeling improves when wearing a 1 lb. wrist weight with respect to control of movement.

6. Student maintains his pelvis in a posterior tilt most of the time and uses lateral flexion instead of trunk rotation during reaching activities.

**RECOMMENDATIONS:**

1. Continue with increased sensory experience to stimulate proprioceptive system.

2. Continue preparation for standing pivot transfer.

3. Use trapeze occasionally to increase independence floor to chair transfer when in therapy room.

4. Continue to practice wheelchair mobility skills with 1 lb. wrist weight for left wrist.

5. Use hand placements and breaking up tone patterns (i.e., Neurodevelopmental Training approach) to facilitate trunk posture and rotations.

**OTHER COMMENTS:**

Has been a pleasant student to work with.

## SAMPLE SPEECH-LANGUAGE PROGRESS REPORT — JONATHAN

| | |
|---|---|
| **NAME:** | Jonathan |
| **TEACHER:** | |
| **SCHOOL:** | |
| **REPORT PERIOD:** | Consultation was provided twice a month from September 19, 1999 to June 12, 2000. |

**SUMMARY:**
Student's communication goals were to point at pictures of actions being described, to identify pictures of objects and to communicate using a picture/symbol board. He achieved these goals. He uses signs and his communication book to express his needs and interests. He demonstrated the use of the communication book and always wanted to share information with me.

**RECOMMENDATIONS:**
1. Evaluate student's language comprehension skills in September.
2. Explore possible ways of improving his access to his communication boards – attaching to his chair, covering boards at snack time.
3. Continue to expand his communication boards.

__________________________
Speech-language Pathologist

Copies:
_____ Parents
Student Record

## SAMPLE SPEECH-LANGUAGE PROGRESS REPORT — CONTINUED

### CONSULTATION REPORT

Name: Jonathan

DOB:

Date: 19 January 2000

### PAEDIATRIC FEEDING/SWALLOWING CONSULTATION SERVICE

Student was seen for a feeding consultation at his full day education program held at the Pediatric centre in Any Town. Those present included the school's staff. Representing the feeding team were a Speech-Language Pathologist and Student's Occupational Therapist. The consultation was requested to determine if any suggestions could be provided that would assist Student in his feeding development.

Student reportedly moved to New School recently from the Child Development Program. He is followed-up at the Glenrose Rehabilitation Hospital by Dr. Young. He recently received a custom modified wheelchair, which has reportedly improved feeding. Unfortunately, this was not available today.

**Feeding Observations**
Oral peripheral examination indicated the presence of a significant open bite, with the first teeth to meet being the first molars. Student has excellent oral hygiene, indicating a regular tooth-brushing program.

Student was observed drinking from a cup, eating a cookie and spoon-feeding pudding. He was also observed drinking from a two-handled open cup. He initiated the cup drinking with his tongue under the rim of the cup, but quickly pulled his tongue in and used both lips to seal around the rim of the cup. He later had five consecutive sip-swallows in a row. The cup drinking is gradually improving with practice by report. Student reportedly still uses a bottle at home at times, for convenience.

With a cookie, student had some difficulty biting a piece off, but has learned to move it well back to the side in his mouth until his teeth meet and then uses a biting and rocking hand motion to get a piece off. Once the piece is in his mouth, he uses his tongue to move it around for chewing.

### IMPRESSIONS

Student appears to be progressing well with his eating and drinking, in spite of his large open bite. There has been significant improvement in his ability to drink from a cup with practice at home and school. It is suspected that the mother is cutting up foods that are difficult.

# SAMPLE INDIVIDUALIZED PROGRAM PLAN 2002/2003

## STUDENT INFORMATION

## RELEVANT MEDICAL INFORMATION

Cerebral Palsy. Scoliosis

Seizure disorder – emergency call
Takes Depekene 10 ml – 2x daily

Lactose intolerant

## AREAS OF STRENGTH

Very pleasant and friendly

Willing to learn, always tries his hardest

**Alta Learning Coding: 43**

## IPP TEAM MEMBERS

- ☐ Student
- ☐ Parents
- ☐ Teachers
- ☐ Ed. Assistant
- ☐ Ed. Assistant
- ☐ Ed. Assistant
- ☐ Ed. Assistant
- ☐ Coordinator
- ☐ Sp. Therapist
- ☐ Physiotherapist
- ☐ Occupational Therapist

## ADDITIONAL INFORMATION

Photosensitive

Prone to ear infections

Sensitive to cold
Attends Teen night
Will be getting ankle foot orthosis

## AREAS FOR GROWTH

Increase range of motion and strength

Increase independence of personal care

Increase use of communication boards

## ASSESSMENT OF PERFORMANCE LEVEL

Data gathered by:

Observation _____ Informal inventory _____ Brigance inventory _____ Consultants _____

# SAMPLE IPP 2002/2003 — CONTINUED

PROGRAM FOCUS

All of the areas listed below make up the Life Skills program. The student, parents/guardians and teachers have identified five areas as the primary functional focus for this school year.

q FUNCTIONAL MATH
  - Number recognition
  - Money skills
  - Time/Calendar
  - Measurement

q COMMUNICATION SKILLS
  - Expressive Language
  - Receptive Language
  - Written Language
  - Games

q LIVING-VOCATIONAL SKILLS
  - Food Prep
  - Laundry
  - Household Cleaning

q INTERPERSONAL SKILLS
  - Behaviour
  - Work Ethics
  - Well being
  - Relationships
  - Sexuality

q FUNCTIONAL READING
  - Personal information
  - Community words/symbols
  - Household words/symbols
  - Leisure reading

q COMPUTER SKILLS
  - Word Processing
  - Graphic
  - Internet
  - Hobbies

q COMMUNITY AWARENESS
  - Banking
  - Restaurant
  - Shopping
  - Library
  - Travel-training

q MOTOR SKILLS
  - Fine Motor
  - Gross Motor
  - Mobility Training

q PERSONAL CARE
  - Dressing
  - Toileting
  - Dental Hygiene
  - Personal Hygiene

q REC & LEISURE
  - Individual Pursuits
  - Group Activities
  - Fitness
  - Argumentative

q WORK-STUDY
  - In-School
  - Off Campus

q TRANSITIONING
  - Adult Agencies
  - Adult Education

q INTEGRATION

SIGNATURE OF IPP TEAM MEMBERS

Signature indicates that you are familiar with the goals.

STUDENT ________________________________

PARENT/GUARDIAN ________________________________

TEACHERS ________________________________

EDUCATIONAL ASSISTANTS ________________________________

COORDINATOR ________________________________

SPEECH THERAPIST ________________________________

CONSULTANTS ________________________________

DATE ________________

## SAMPLE IPP 2002/2003 — CONTINUED

| **Will develop skills necessary to increase his ability to Communicate with others in a variety of situations** | November Review | March Review | June Review |
|---|---|---|---|
| Answers yes or no to questions | | | |
| Reads symbols for familiar activities, objects | | | |
| Indicates choices and preferences | | | |
| Demonstrates comprehension of various symbols and signs | | | |
| Communicates by using picture/symbol board | | | |
| Responds appropriately to "wh" questions | | | |
| Responds appropriately to social greetings from peers | | | |

| **Will improve his abilities to feed himself independently** | November Review | March Review | June Review |
|---|---|---|---|
| Gets lunch bag from locker | | | |
| Takes food out of lunch bag | | | |
| Takes appropriate size bite of food | | | |
| Chews with lips closed | | | |
| Uses napkin to clean face | | | |
| Chews food thoroughly before swallowing | | | |
| Uses a straw to drink from a cup | | | |
| Drinks from a cup with no spillage | | | |
| Eats within an appropriate time frame | | | |

| **Will increase skills in independent wheelchair mobility** | November Review | March Review | June Review |
|---|---|---|---|
| Travels down the right hand side of the hallway | | | |
| Positions his chair appropriately for the task required | | | |
| Maneuvers his wheelchair around obstacles | | | |
| Travels to various locations within the school in an appropriate time frame | | | |

## SAMPLE IPP 2002/2003 — CONTINUED

| **Will perform standing transfers from wheelchair with one person assistance when toileting** | November Review | March Review | June Review |
|---|---|---|---|
| Positions chair properly in preparation for transferring | | | |
| Applies brakes | | | |
| Swings foot rest assembly away | | | |
| Undoes seat belts | | | |
| Positions feet properly in preparation for weight bearing, while wearing ankle/foot orthosis | | | |
| Uses wall bar to pull himself to standing position | | | |
| Maintains standing position while clothing adjustments are being made | | | |
| While hanging onto wall bars, will turn body to sit on toilet | | | |
| Puts both hands on wall bar in preparation for standing | | | |
| Pulls to standing using wall bar | | | |
| Maintains standing position while clothing adjustments are being made | | | |
| Sits down independently in wheelchair and adjusts position in chair appropriately | | | |
| Fastens seat belts | | | |
| Repositions foot rests | | | |
| Positions chair appropriately at sink in preparation for hand washing | | | |

# SAMPLE IPP 2002/2003 — CONTINUED

| **Will perform standing transfer from wheelchair with two person assistance to and from automobile** | November Review | March Review | June Review |
|---|---|---|---|
| Positions chair properly in preparation for transferring | | | |
| Applies brakes | | | |
| Swings foot rest assembly away | | | |
| Undoes seat belts | | | |
| Positions feet and body properly in preparation for weight bearing, while wearing ankle/foot orthosis. | | | |
| Uses person's hands for support to pull to standing position | | | |
| Maintains standing position while assistance is provided to turn body and sit on car seat | | | |
| Positions body and feet in automobile | | | |
| Assists with application of seat belt | | | |
| Unfastens seat belt once car has stopped | | | |
| Turns body and places feet in preparation for getting out of car | | | |
| Pulls self to standing position using person's hands | | | |
| Maintains standing position while assistance is provided to turn body into wheelchair | | | |
| Positions body and feet in wheelchair | | | |
| Fastens seat belt | | | |
| Repositions foot rests | | | |
| Releases brakes | | | |
| Moves away from car | | | |

# SAMPLE IPP 2002/2003 — CONTINUED

## INSTRUCTIONAL STRATEGIES

q Shaping
q Chairing
q Hierarchy of prompting
q Task analysis
q Modeling
q Individual adaptations of materials
q Copy notes from page
q Tracing of written material
q Color coding
q Checklists for duties/expectations
q Enlarging print/diagrams
q Use short concise directions
q Consequences (logical and natural)
q Reinforcers (natural and logical)
q Correction/Redirection
q Visual strategies
q Pictorial cues
q Provide instruction using a variety of multi-sensory approaches
q Use real-life situations and objects
q Social stories
q Have student restate or paraphrase directions
q Role playing
q Daily practice and repetition to learn and retain concepts
q Peer tutoring
q Post daily schedules and routines
q Reinforce concepts through games
q One-to-one instruction
q Use checklist or cueing devices
q Appropriate wait time
q Facilitated communication
q Off campus learning
q Daily communication book
q Other ______________________

## REQUIRED CLASSROOM ACCOMMODATION MATERIAL AND EQUIPMENT

q Language
q Classroom telephone
q Computer
q Laptop
q Adapted computer keyboard
q Communication devices
q FM systems
q Communication boards
q Standing frame
q Accessible washroom
q Accessible railing
q Audio-visual aides (tape recorder)
q Calculators
q Assistive technology
q High Tech
q Low Tech
q Other ______________________
______________________
______________________

# Appendix D — Student Review Form

## Student Review Form
## Severe Disabilities
## Funding 2002-2003

**PLEASE CHECK CODE**

q **41** Severe cognitive
q **42** Severe emotional/behavioural
q **43** Severe multiple
q **44** Severe physical or medical, including Autism
q **45** Deafness
q **46** Blindness

**Jurisdiction** ______________________
**School** ______________________
**Student Name** ______________________
**Birthdate (yy/mm/dd)** ______________ **Grade** ________
**Learning ID** ______________________
**Specialized Placement (describe)** ______________________

1. **Supporting documentation from the appropriate professionals (please attach copies):**

   a) Diagnosis(es):
   i) ______________________
   ii) ______________________

   b) Date of Diagnosis(es): i) ______________ ii) ______________

   c) Professional(s) conducting assessment(s): ______________________

   d) How does the condition affect the student in the learning environment?

2. **Additional information (if required):**

3. **Services provided in accordance with the *Funding Manual For School Authorities*, Severe Disabilities, Section 1.A.2 (Jurisdictions) and 3.2 (Private Schools). Identify three or more of the following supports from (a to e) that are being provided to the student:**

   a) Frequent specialized one-on-one instruction/intervention. For example:

   q teacher assistant ________ (hours per day; staff/student ratio)
   q small group work with teacher assistant ________ (hours per day; staff/student ratio)
   q specialized setting with teacher ________ (hours per day; staff/student ratio)
   q interpreter
   q transliterator
   q other (specify) ______________________

   b) Specialized or adaptive equipment. For example:

   q communication devices
   q assistive computer technology
   q Free Field Amplification
   q other (specify) ______________________
   q OT/PT equipment
   q specialized furniture
   q FM system

c) Assistance for basic care. For example:

☐ toileting program
☐ catheterizing
☐ g-tube feeding
☐ administration of medication
☐ orientation and mobility training
☐ grooming
☐ dressing
☐ respiratory therapy
☐ management of equipment
☐ diapering
☐ feeding assistance
☐ oxygen
☐ OT/PT therapy
☐ other ______________________________

d) Frequent documentation:

- Behaviour ☐ checklist ☐ anecdotal notes ☐ behaviour plan
  ☐ other ______________________________
  frequency ☐ hourly ☐ daily ☐ weekly ☐ Monthly
- Medical ☐ medical logs ☐ medical emergency plan
  ☐ other ______________________________
  frequency ☐ hourly ☐ daily ☐ weekly ☐ Monthly

e) Therapeutic services for the student at a cost to the system. For example: REACH, CASE, Belvedere Consulting Services, RESEAU; Student Health Initiative Partnership:

☐ itinerant teacher
☐ special education consultant
☐ hearing consultant
☐ occupational therapist
☐ orientation and mobility specialist
☐ speech therapist
☐ technology consultant
☐ chartered psychologist
☐ physical therapist
☐ school liaison counsellor/worker
☐ vision consultant
☐ nursing services
☐ audiologist
☐ behaviour specialist
☐ counsellor, please specify ______________________________
☐ other ______________________________

Other service providers. For example:

☐ Alberta Health and Wellness
☐ Alberta Children's Services
☐ Alberta Mental Health Board
☐ Alberta Justice
☐ AADAC
☐ medical professional services
☐ Handicapped Children's Services
☐ Family and Community Support Services (FCSS)
☐ local police authority/RCMP
☐ CNIB
☐ family/community agencies, specify ______________________________
☐ Materials Resource Centre (MRC)
☐ other ______________________________

**4. Individualized Program Plan (IPP):**

☐ A current IPP is on file relevant to the above coding and the individual needs of the student is developed and implemented signed by the school team including the parent/guardian.

---

## DECLARATION

**Relevant documentation to support the claim is available, at least three of five supports listed in 3 (a–e) are in place, a current IPP is included in the student's file, and the student meets the Severe Disabilities Funding criteria.**

______________________ ______________________________

**Date** **Signature of School Authority Designate**

# Appendix E

## Profil de l'élève ayant une déficience sévère (formulaire) Financement 2002-2003

**SVP COCHEZ UNE CATÉGORIE**

q **41** Déficience cognitive sévère
q **42** Déficience émotive et comportementale sévère
q **43** Déficiences sévères multiples
q **44** Déficience physique ou médicale sévère (autisme)
q **45** Surdité
q **46** Cécité

**Autorité scolaire** ____________________
**École** ____________________
**Nom de l'élève** ____________________
**Date de naissance (aa/mm/jj)** ____________ **Niveau scolaire** ________
**Identification scolaire** ____________________
**Placement (décrivez)** ____________________

1. **Documentation d'appui des professionnels concernés (veuillez inclure dans le dossier de l'élève) :**

a) Diagnostic.s :
i ) ____________________
ii ) ____________________

b) Date du/des diagnostic.s : i ) ____________ ii ) ____________

c) Professionel.s faisant le/les diagnostic.s : ____________________
____________________

d) De quelle façon est-ce que cette condition affecte l'élève dans l'environnement d'apprentissage?
____________________
____________________
____________________

2. **Information supplémentaire (telle que rapports des conseillers) :**
____________________
____________________
____________________

3. **Services offerts selon le manuel des autorités scolaires pour le financement des personnes ayants des déficiences sévères (*Funding Manual For School Authorities, Severe Disabilities, Section 1.A.2 (Jurisdictions)* et *3.2 (Private Schools)*. Identifiez au moins trois appuis (de « a » à « e ») qui sont présentement offerts à l'élève :**

a) Instruction/intervention courante qui est spécialisée et individuelle. Par exemple :

q Enseignant/aide-enseignant ________ (heures par jour; rapport élèves/personnel scolaire)
q Petit groupe de travail avec aide-enseignant ________ (heures par jour; rapport élèves/personnel scolaire)
q Local spécialisé avec enseignant ________ (heures par jour; rapport élèves/personnel scolaire)
q Interprète
q Translittération
q Autre (spécifiez) ____________________

b) Équipement spécialisé ou adapté. Par exemple :

q Appareils de communication
q Aide par technologie d'ordinateur
q Amplificateur de voix
q Autre (spécifiez) ____________________
q Équipement pour l'ergothérapie ou la physiothérapie
q Mobilier spécialisé
q Système FM

c) Aide pour les besoins essentiels. Par exemple :

- ☐ Programme d'entraînement à la propreté
- ☐ Sonde
- ☐ Alimentation par tube-g
- ☐ Administration de médicaments
- ☐ Entraînement à l'orientation et à la motricité
- ☐ Autre. Spécifiez : ____________________
- ☐ Soins de toilette
- ☐ Habillement
- ☐ Thérapie respiratoire
- ☐ Gestion d'appareils
- ☐ Couches
- ☐ Aide pour l'alimentation
- ☐ Oxygène
- ☐ Ergothérapie/physiothérapie

d) Documentation courante :

- Comportement ☐ Liste de contrôle ☐ Notes anecdotiques ☐ Plan de comportement
  ☐ Autre ____________________
  Fréquence ☐ Par heure ☐ Par jour ☐ Par semaine ☐ Par mois
- Médical ☐ Journal médical ☐ Plan de soins médicaux d'urgence
  ☐ Autre ____________________
  Fréquence ☐ Par heure ☐ Par jour ☐ Par semaine ☐ Par mois

e) Services thérapeutiques financés par le système. Par exemple : *REACH, CASE, Belvedere Consulting Services; Student Health Initiative Funding et Réseau provincial d'adaption scolaire :*

- ☐ Enseignant itinérant
- ☐ Conseiller en adaptation scolaire
- ☐ Consultant de l'ouïe
- ☐ Ergothérapeute
- ☐ Spécialiste en orientation et motricité
- ☐ Conseiller. Spécifiez : ____________________
- ☐ Autre. Spécifiez : ____________________
- ☐ Orthophoniste
- ☐ Consultant en technologie
- ☐ Psychologue agréé
- ☐ Phytothérapeute
- ☐ Consultant de la vision
- ☐ Services d'infirmière
- ☐ Audiologiste
- ☐ Spécialiste en comportement
- ☐ Conseiller en orientation

Autres fournisseurs de services. Par exemple :

- ☐ Alberta Health and Wellness
- ☐ Alberta Children's Services
- ☐ Alberta Mental Health Board
- ☐ Alberta Justice
- ☐ AADAC
- ☐ Agences familiales/communautaires. Spécifiez : ____________________
- ☐ Materials Resource Centre (MRC)
- ☐ Autre : ____________________
- ☐ Services médicaux professionnels
- ☐ Handicapped Children's Services
- ☐ Family and Community Support Services (FCSS)
- ☐ Police/GRC locale
- ☐ INCA/CNIB

**4. Plan d'intervention personnalisée (PIP) :**

☐ Un PIP en cours, pertinent à la déficience décrite ci-dessus et aux besoins individuels de l'élève, est élaboré, signé par l'équipe-école et par le parent/gardien, et implanté formellement.

---

## DÉCLARATION

**Une documentation pertinente à la demande est disponible, trois des cinq appuis énumérés au numéro 3 (a – e) en place, un PIP en cours est inclus dans le dossier de l'élève. L'élève répond aux critères de financement pour les personnes ayant des déficiences sévères (*Severe Disabilities Funding*).**

____________________ **Date**

____________________ **Signature de l'autorité scolaire désignée**

# Appendix F — Resources

**The following Alberta Learning resources are available on the department's Web site at http://www.learning.gov.ab.ca.**

*Funding Manual for School Authorities for the 2002/2003 School Year*
The *Funding Manual* is authorized for the use of school authorities (school jurisdictions, charter schools, private schools and private ECS operators) in accessing funds. This manual explains what funding is available to school authorities and the conditions and requirements that apply. It also includes the principles that Alberta Learning uses to provide fair and equitable funding to school authorities. This document is available of the Alberta Learning Web site at http://www.learning.gov.ab.ca/funding/FundingManual

*Guide to Education for Students with Special Needs (1997)*
This guide sets out Alberta Learning's requirements and expectations for the development and delivery of programs for students with special needs. This document is available on the Alberta Learning Web site at http://www.learning.gov.ab.ca/k_12/specialneeds/sp_ed_guide.pdf

*Partners During Changing Times: An Information Booklet for Parents of Children with Special Needs (1996)*
This information booklet for parents of children with special needs provides a general overview of how parents can be involved in the education of their children. It outlines the rights and responsibilities of parents, the school's roles and responsibilities, relevant legal parameters and funding sources to support the delivery of special education programs and services. This document is available on the Alberta Learning Web site at www.learning.gov.ab.ca/k_12/specialneeds

*Policy Regulations and Forms Manual*
The manual outlines the expectations of Alberta Learning with regard to the delivery of and reporting on educational programs and services and on the implementation, of the department's Business Plan. The emphasis on a policy-driven and results-based management system is a key characteristic of the education management cycle. It encourages a system of shared responsibility with school boards, schools and school councils and includes:

- Special Education Policies 1.6.1; 1.6.2; 3.5.1; 3.5.2; 3.6.4; 3.6.5
- Student Record Regulation (Alberta Regulation 71/99).

The manual is available on the Alberta Learning Web site at http://www.learning.gov.ab.ca/EducationGuide/pol-plan/polregs/toc.asp

*Student Information System User's Guide*
This is a complete guide to submitting student registrations. The Student Information System (SIS) is a provincial student information database developed and maintained by Learner Records and Data Exchange (LRDE) at Alberta Learning. This document is available of the Alberta Learning Web site at http://www.learning.gov.ab.ca/technology/lies/SISguide.pdf

## *Teacher Resources Catalogue*

The resources in this catalogue support the implementation of special education programs. Alberta Learning follows a rigorous review process before including titles in this catalogue. This is to ensure:

- content fits the curriculum
- the resource is current
- the conceptual level is appropriate
- there is Canadian content
- the resource reflects appropriate treatment of controversial issues.

The cost and availability of each title is indicated. This document is available on the Alberta Learning Web site (http://www.learning.gov.ab.ca/k_12/specialneeds/teacherresourcescat.pdf).

---

The following series is available from the Learning Resources Centre. Order information is on **http://www.lrdc.edc.gov.ab.ca/scripts/cgiip.exe/default.html** or telephone (780) 427-5775; toll-free in Alberta 310-0000.

## *Programming for Students with Special Needs*

- Book 1 — *Teaching for Student Differences* (1995)
  Highlights strategies for differentiating instruction within the regular classroom for students who may be experiencing learning or behavioural difficulties, or who may be gifted and talented. It also describes a process for modifying the regular program and includes forms to assist in teacher planning.

- Book 2 — *Essential and Supportive Skills for Students with Developmental Disabilities* (1995)
  Includes developmental checklists for communication skills, gross and fine motor skills, as well as charts and checklists, which provide a continuum of life skills by domain (domestic and family life, personal and social development, leisure/recreation/arts, citizenship and community involvement, career development). It replaces the Alberta Learning curricula (1983) for educable mentally handicapped, trainable mentally handicapped and dependent mentally handicapped students.

- Book 3 — *Individualized Program Plans (IPPs)* (1995)
  This resource describes a process for IPP development and includes strategies for involving parents. It provides information on writing long-term goals and short-term objectives. Forms and checklists are included to assist in planning. Transition planning also is addressed, along with case studies and samples of completed IPPs.

- Book 4 — *Teaching Students who are Deaf or Hard of Hearing* (1995)
  Includes information on the nature of hearing loss, various communication systems, program planning and teaching strategies. A section on amplification and educational technologies includes hints for troubleshooting hearing aids and FM systems.

- Book 5 — *Teaching Students with Visual Impairments* (1996)
  This resource offers basic information to help provide successful school experiences for students who are blind or visually impaired. The information in this book addresses:
  - the nature of visual impairment
  - educational implications
  - specific needs
  - instructional strategies
  - the importance of orientation and mobility instruction
  - the use of technology.

- Book 6 — *Teaching Students with Learning Disabilities* (1996)
  This resource provides practical strategies for regular classroom and special education teachers. Section I discusses the conceptual model and applications of the domain model. Section II includes identification and program planning, addressing early identification, assessment, learning styles and long-range planning. Section III contains practical strategies within specific domains including meta-cognitive, information processing, communication, academic and social/adaptive. Section IV addresses other learning difficulties including attention-deficit/ hyperactivity disorder and fetal alcohol syndrome/possible prenatal alcohol-related effects. The appendices contain lists of annotated resources, test inventories, support network contacts and black line masters.

- Book 7 — *Teaching Students who are Gifted and Talented* (2000)
  This resource provides practical strategies for regular classroom and special education teachers. Section I addresses administration of programs for the gifted and talented at both the district and school levels. Section II discusses conceptions of giftedness, highlighting nine theoretical models. Section III discusses identification of gifted and talented students, including information on gathering and recording data using several different measures, developing Individualized Program Plans, communicating with and involving parents. Section IV discusses giftedness in the visual and performing arts. Section V contains strategies for designing and implementing programs, including curriculum modification. Section VI discusses post modernism and gifted education. The appendices contain lists of annotated resources, test inventories, support network contacts and black line masters.

- Book 8 — *Teaching Students with Emotional Disorders and/or Mental Illnesses* (2000)
  This resource takes a comprehensive look at six emotional disorders or mental illnesses: eating disorders, anxiety disorders, depression, schizophrenia, oppositional defiant disorder or illness and presents strategies for teachers, parents and other caregivers to use to assist students.

*Teaching Students with Fetal Alcohol Syndrome and Possible Prenatal Alcohol-related Effects* (1998)
This document provides educators with a basic understanding of characteristics associated with Fetal Alcohol Syndrome (FAS) and Possible Prenatal Alcohol-related Effects (PPAE). The sections include:

- a general overview of the diagnostic procedures
- the prevalence of FAS and PPAE
- the physical, educational and behavioural characteristics
- specific strategies designed to enhance the educational, social and behavioural and psychological development of students with FAS and PPAE
- an annotated list of other teaching resources.

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